### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form.          1       Filer ID (Ethics Commission Filers)         00018802					2 Total pages filed: 51	
3	COMMITTEE NAME		-				SE ONLY
	McLennan County	Republican Women PAC				Date Received	
						ELECTRONICAI 10/28/2024	LLY FILED
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; Z	IP CODE		
	ADDRESS	P.O. Box 7291				Date Hand-delivered or I	Date Postmarked
	Change of Address						
		Waco, TX 76710				Receipt #	Amount
						Date Processed	
						Date Imaged	
						Date mayeu	
5	CAMPAIGN	MS/MRS/MR FIRST				MI	
	TREASURER NAME	Mr. Frederick C.					
		NICKNAME LAST			•••••	SUFFIX	
		Tate					
6		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STAT	E; ZIP CODE
	TREASURER STREET	959 W Glade Rd					
	ADDRESS						
	(Residence or Business)	Hurst, TX 76054					
7		STREET OR PO BOX;		APT / SUITE #	; CITY	; STA	ATE; ZIP CODE
	TREASURER MAILING	PO Box 953					
	ADDRESS						
	Change of Address	Colleyville, TX 76034					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION			
	TREASURER PHONE	(469) 290-7500					
	THOME						
9	REPORT TYPE	January 15 3	Oth d	lay before election		Dissolution (Attach	PAC-DR)
			th da	ay before election		10th day after cam	paign treasurer
		July 15	uno		L	termination	-
			uno	1			
10	PERIOD COVERED	Month Day Year		Montl	-	Year	
	COVERED	09/27/2024 Т	HR	DUGH	10/26/2024	4	
11	ELECTION	ELECTION DATE		ELECTIO			
			Prim	_		Other	
		11/05/2024					
		×	Gen	eral Specia	ŧI		
⊢							
		GO	то	PAGE 2			
Foi	ms provided by Tex	xas Ethics Commission www.e	thic	s.state.tx.us		Versio	n V4.1.0.48da51f7

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

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID	(Ethics Commission Filers)				
McLennan County Repu	McLennan County Republican Women PAC					
14 COMMITTEE ACTIVITY						
(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	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,759.83		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS			\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES \$ 8,927.29					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	20,949.48		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	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.						
Mr. Frederick C. Tate Signature of Campaign Treasurer						
AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said day of, this the day of, 20, to certify which, witness my hand and seal of office.					
ot	, 20, to certity v	which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of c	officer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7		

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC

Page 3 of 51

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
McLennan County Repu	ublican Women PAC				00018802	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Donis Wilson	County Commissi	oner	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(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.)		Thomas West	District Judge		

### SUBTOTALS - GPAC

## FORM GPAC COVER SHEET PG 3

4 of 51

17 COMMITTE		18 Filer ID	(Ethics Commission Filers)
	n County Republican Women PAC	00018802	1
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 3,759.83
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 O	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 8,927.29
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

_						
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 1/18 Rpt: 5/51	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		County Republican Women PAC			00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/08/2024	Anderson, Charles				\$56.00
		6 Contributor address; City; State; Zip Code		"		
Ļ	<u> </u>	Lorena, TX 76655		Ĺ		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	retired		retired			
	Date		:)		Amount of Contribution (\$)	
	10/04/2024					\$58.33
		Contributor address; City; State; Zip Code				
		Woodway, TX 76712				
┝	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Couselor		Crossroads Mentors	5)		
╞				1		
	Date		:)		Amount of Contribution (\$)	<u> </u>
	10/03/2024	Arend, Liz				\$29.17
		Contributor address; City; State; Zip Code				
		Woodway, TX 76712				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	,		
⊨	Date	Full name of contributor	<u> </u>	Τ	Amount of Contribution (\$)	
	10/03/2024	Beach, Chuck	·,		,	\$29.17
		Contributor address; City; State; Zip Code		·		
		Waco, TX 76714				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Administrato	ır	US House of Represent	tativ	/es	
F	Date	Full name of contributor out-of-state PAC (ID#:	·)	Γ	Amount of Contribution (\$)	
	10/01/2024	Bennett, Alan				\$58.33
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Attorney		Sheehy, Lovelace & Ma	ayfie	eld, P	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/18 Rpt: 6/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/02/2024	Brooks, Joyce		\$29.3
	6 Contributor address; City; State; Zip Code		
	Waco, TX 78706		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/01/2024	Butler, Pamela		\$58.3
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
Owner		Woody Butler Homes	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Castillo, Patty		\$29.3
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Cates, Eleanor		\$29.3
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/02/2024	Clark, Karen		\$58.3
	Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: 3/18 Rpt: 7/51         2       FILER NAME McLennan County Republican Women PAC       3       Filer ID: (Links Commission Filers) 00018802         4       Date 09/27/2024       5       Full name of contributor
McLennan         WcLennan         O0018802           4         Date         5         Full name of contributor         out-of-state PAC (IDF:
McLennan County Republican Women PAC         00018802           4         Date         5         Full name of contributor         out-of-state PAC (ID#:
09/27/2024       Clayton, Nancy Sue       \$29.17         6       Contributor address; City; State; Zip Code       \$29.17         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date 09/27/2024       Full name of contributor out-of-state PAC (ID#:) Combs, Connie       Amount of Contribution (\$) \$28.00         09/27/2024       Combs, Connie          Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$26.00         Date 10/02/2024       Full name of contributor out-of-state PAC (ID#:
6       Contributor address; City; State; Zip Code         Waco, TX 76710       9         8       Principal occupation / Job title (See Instructions) Retired         Date 09/27/2024       Full name of contributor out-of-state PAC (ID#
6       Contributor address; City; State; Zip Code         Waco, TX 76710       Principal occupation / Job title (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (Da#) Combs, Connie       Amount of Contribution (\$)         09/27/2024       Combs, Connie       \$28.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Vaco, TX 76705       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions)       Retired         Date       Full name of contributor       out-of-state PAC (ID#
B       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date 09/27/2024       Full name of contributorout-of-state PAC (ID#:) Combs, Connie       Amount of Contribution (\$)       \$28.00         O9/27/2024       Combs, Connie       S28.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         10/02/2024       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         10/08/2024       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Vaco, TX 76708       Employer (See Instructions)       \$35.00         Principal occupation / Job title (See Ins
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date 09/27/2024       Full name of contributorout-of-state PAC (ID#:) Combs, Connie Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$28.00         Date 10/02/2024       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Retired         Date 10/02/2024       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S56.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S56.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S35.00         Date 10/08/2024       Full name of contributorout-of-state PAC (ID#:) Contributor address; City; State; Zip Code       Amount of Contribution (\$) S35.00         Waco, TX 76708       Employer (See Instructions) Retired       Amount of Contribution (\$) S35.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See
Retired       Retired         Date 09/27/2024       Full name of contributor out-of-state PAC (D#) Combs, Connie       Amount of Contribution (\$) \$28.00         09/27/2024       Contributor address; City, State; Zip Code       \$28.00         Waco, TX 76705       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date 10/02/2024       Full name of contributor out-of-state PAC (D#) Contributor address; City; State; Zip Code       Amount of Contribution (\$) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S56.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S56.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S35.00         Date 10/08/2024       Full name of contributor out-of-state PAC (D#) (Centributor address; City, State; Zip Code       Amount of Contribution (\$) S35.00         Date 10/08/2024       Full name of contributor out-of-state PAC (D#) (Contributor address; City, State; Zip Code       Amount of Contribution (\$) S35.00         Waco, TX 76708       Employer (See Instructions)       S35.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         09/27/2024       Combs, Connie       \$28.00         09/27/2024       Contributor address; City; State; Zip Code       \$28.00         Waco, TX 76705       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/02/2024       Crevier, Sandra       Amount of Contribution (\$)       \$56.00         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/08/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         00/08/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         00/08/2024       Full name of contributor       out-of-state PAC (ID#:)<
09/27/2024       Combs, Connie       \$28.00         Contributor address; City; State; Zip Code       Waco, TX 76705       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/02/2024       Full composition / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:
09/27/2024       Combs, Connie       \$28.00         Contributor address; City; State; Zip Code       waco, TX 76705       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:
Contributor address; City; State; Zip Code       waco, TX 76705         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor
Waco, TX 76705       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:) Crevier, Sandra       Amount of Contribution (\$)         10/02/2024       Crevier, Sandra       \$\$56.00         Vaco, TX 76708       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/08/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/08/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         0/08/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         0/08/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         0/08/2024       Full name of contributor       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76708       Employer (See Instructions)       Employer (See Instructions)       State PAC (ID#:_
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         10/02/2024       Crevier, Sandra       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Vaco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         10/02/2024       Crevier, Sandra       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Vaco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/02/2024       Crevier, Sandra
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/02/2024       Crevier, Sandra       \$\$56.00         Contributor address; City; State; Zip Code       waco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Date       Waco, TX 76708       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
10/02/2024       Crevier, Sandra       \$56.00         Contributor address; City; State; Zip Code       waco, TX 76708         Principal occuztion / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor         Date       Full name of contributor         10/08/2024       Crevier, Sandra         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Cirevier, Sandra       \$35.00         Other address; City; State; Zip Code       Amount of Contribution (\$)         Vaco, TX 76708       Vaco, TX 76708         Principal occution / Job title (See Instructions)       Employer (See Instructions)
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occution / Job title (See Instructions)         Retired         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         Crevier, Sandra         Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occution / Job title (See Instructions)         Retired
Contributor address; City; State; Zip Code       Waco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:) Crevier, Sandra       Amount of Contribution (\$)         10/08/2024       Crevier, Sandra       \$35.00         Waco, TX 76708       Waco, TX 76708       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$35.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$35.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$35.00
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:)         10/08/2024       Crevier, Sandra         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76708       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:)         10/08/2024       Crevier, Sandra         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76708       Waco is the full (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:)         10/08/2024       Crevier, Sandra         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76708       Waco IX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
Retired     Retired       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       10/08/2024     Crevier, Sandra     \$35.00       Contributor address; City; State; Zip Code     waco, TX 76708     Full contribution (\$)       Principal occuration / Job title (See Instructions)     Employer (See Instructions)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/08/2024       Crevier, Sandra       \$35.00         Contributor address; City; State; Zip Code       Waco, TX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)
10/08/2024       Crevier, Sandra       \$35.00         Contributor address; City; State; Zip Code       \$35.00         Waco, TX 76708       Employer (See Instructions)
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Employer (See Instructions)
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Employer (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Principal occupation / Job title (See Instructions) Employer (See Instructions)
itelieu itelieu
Date Full name of contributor Out-of-state PAC (ID#: ) Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/02/2024       Cross, Barbara       \$28.00
Contributor address; City; State; Zip Code
McGregor, TX 76657
McGregor, TX 76657 Principal occupation / Job title (See Instructions) Employer (See Instructions)
McGregor, TX 76657       Principal occupation / Job title (See Instructions)       Retired       Employer (See Instructions)       Retired
Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/18 Rpt: 8/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/15/2024	Cross, Montana		\$20.00
	6 Contributor address; City; State; Zip Code		
	McGregor, TX 76657		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Reception		CWA Construction	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/01/2024	Curry, Alicia		\$116.67
	Contributor address; City; State; Zip Code		
	Waco, TX 78711		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Accounting		PJC Investments, LLC	
Date	— —	)	Amount of Contribution (\$)
10/03/2024	Davis, Jeanie		\$56.00
	Contributor address; City; State; Zip Code		
	M		
	Woodway, TX 76712		·
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/04/2024	Duke, Devvie		\$28.00
	Contributor address; City; State; Zip Code		1
	McGregor, TX 76657		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)
Consultant		Self-Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/01/2024	Etchison, Jacquelyn		\$29.17
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76643		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) 5)
Retired		Retired	<i>,</i> ,
		Retired	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 5/18 Rpt: 9/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/30/2024	Eubank, Rebecca		\$84.
	6 Contributor address; City; State; Zip Code		1
	China Spring, TX 76633		
	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Sheriff's Offi	ice	McLennan County	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024			\$29.
	Contributor address; City; State; Zip Code		1
	Robinson, TX 76706		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Baker		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
10/15/2024	Goodwin, Jamie		\$20.
	Contributor address; City; State; Zip Code		1
	China Spring, TX 76633	i	
	upation / Job title (See Instructions)	Employer (See Instructions	,
Senior Spec	cialist/Team Leader	Texas Life Insurance Co	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Haney, Jana		\$56.
	Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Vice Preside		Advanced House Leveli	
			-
Date 09/27/2024		)	Amount of Contribution (\$) \$29.
UJIZIIZUZT	-		ψ23.
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Justice of th		McLennan County	,

		·		
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 6/18 Rpt: 10/51	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/19/2024	Hensley, Dianne			\$31.25
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76710			
	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Justice of the	e Peace	McLennan County		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/30/2024	Herbelin, Patricia			\$29.17
	Contributor address; City; State; Zip Code			
	Lorena, TX 76655			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ک)	
Healthcare F	Preparedness Coordinator	CATRAC		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/29/2024	Hoeher, Angelika			\$84.00
	Contributor address; City; State; Zip Code			-
	Lorena, TX 76655			
Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/15/2024	Hoeher, Angelika			\$50.00
	Contributor address; City; State; Zip Code			
	Lorena, TX 76655			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/03/2024	Holtkamp, Teri			\$112.00
	Contributor address; City; State; Zip Code			
	Robinson, TX 76706			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retired	•	Retired		
		<u> </u>		

			1 Total pages Schedule A1:
The Instru	uction Guide explains how to complete this f	form.	Sch: 7/18 Rpt: 11/51
2 FILER NAME	Ξ		<b>3</b> Filer ID (Ethics Commission Filers)
McLennan	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/27/2024			\$29.17
	6 Contributor address; City; State; Zip Code		1
	Waco, TX 76712	I	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date		)	Amount of Contribution (\$)
10/08/2024			\$28.00
	Contributor address; City; State; Zip Code		
	Marchury TX 76712		
Dringingloog	Woodway, TX 76712	Employer (Cool Instructions	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/01/2024			\$28.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76715		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	1s)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/04/2024		)	\$58.33
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/02/2024	Kelly, Susan		\$29.17
	Contributor address; City; State; Zip Code		1
	Waco, TX 76703	i	
	upation / Job title (See Instructions)	Employer (See Instructions	5)
54th Distric	t Judge	McLennan County	

			1 Total pages Schedule A1:
The Instru	ction Guide explains how to complete this f	orm.	Sch: 8/18 Rpt: 12/51
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McLennan C	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
10/08/2024	Kent-Chick, Kathy		\$20.00
	6 Contributor address; City; State; Zip Code		
	Lorena, TX 76855		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/08/2024	Kent-Chick, Kathy		\$35.00
	Contributor address; City; State; Zip Code		
	Lorena, TX 76855	<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/20/2024	King, Melissa		\$20.83
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Dringingloog	upation / Job title (See Instructions)	Employer (See Instructions	
Therapist	apauon / Job lille (See Instructions)	Superior Health	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/15/2024	Lambert, Jennifer		\$20.00
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76643		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ;)
Disabled		None	,
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024		)	\$29.17
	Contributor address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·
	Hewitt, TX 76643		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Office Assis	tant	Advanced Financial Stra	ategies
		1	

The In	struction Guide explains how to complete this	; form.	1 Total pages Schedule A1: Sch: 9/18 Rpt: 13/51
2 FILER N	AMF		3 Filer ID (Ethics Commission Filers)
	an County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#	#:)	7 Amount of Contribution (\$)
10/08/2			\$28.00
	6 Contributor address; City; State; Zip Code		1
• Drincina	Waco, TX 76708 occupation / Job title (See Instructions)	9 Employer (See Instructions	
8 Principal Retired	occupation / Job title (See instructions)	Retired	;)
			Amount of Contribution (\$)
Date 09/27/2		#:)	Amount of Contribution (\$) \$29.17
0912112	-		φζάτι.
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
09/30/2	024 Luna, Ryan		\$28.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
	occupation / Job title (See Instructions)	Employer (See Instructions) State of Texas	<i>;</i> )
Judge			
Date		#:)	Amount of Contribution (\$)
10/15/2			\$20.00
	Contributor address; City; State; Zip Code		
1	China Spring, TX 76633		
Principa	occupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۵)
Hair sty	list	Self Employed	
Date	Full name of contributor out-of-state PAC (ID#	#:)	Amount of Contribution (\$)
09/27/2	024 McBurnett, Erika		\$29.17
1	Contributor address; City; State; Zip Code		1
	Waco, TX 76701		
-	occupation / Job title (See Instructions)	Employer (See Instructions	
Commu	nity Director	Care Net Pregnancy Ce	inter

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The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 10/18 Rpt: 14/51	
2 FILER NAM			3 Filer ID (Ethics Commission F	-ilers)
	n County Republican Women PAC		00018802	liore,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/08/202				\$40.00
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76701			
8 Principal oc	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Communit	ty Director	Care Net Pregnancy Ce	enter	
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
10/03/202				\$29.17
	Waco, TX 76710			
Principal or	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Small Bus	iness Owner	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/16/202		,	, «	\$20.83
	Contributor address; City; State; Zip Code			<b></b>
	Hewitt, TX 76643			
Principal oc	Ccupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/02/202				\$28.00
	Contributor address; City; State; Zip Code			<b>+ -</b> -
	McGregor, TX 76657			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
CRNA		Providence Health Cent	er	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/03/202				\$29.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
Principal oc	ccupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Retired		Retired	,	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 11/18 Rpt: 15/51	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Republican Women PAC		00018802	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
10/21/2024	Notgrass, Patty		\$	\$52.08
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76712			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/08/2024	O'Day, Patricia			\$56.00
	Contributor address; City; State; Zip Code			
	Robinson, TX 76706			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Office Admir	nistrator	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	<b>.</b> )	Amount of Contribution (\$)	
09/27/2024	Ogden, Carol		\$	\$56.00
	Contributor address; City; State; Zip Code			
	Crawford, TX 76638	•		
	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/03/2024	Parker, Gina		\$	\$28.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5) 	
Attorney		Self Employed	<i>'</i> )	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
10/04/2024	Patterson, Ralph	J		\$58.33
10,0-1,202.	Contributor address; City; State; Zip Code		•	00.00
	Continuutor address, City, State, Zip Code			
	Eddy, TX 76524			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Software Pu		LAN-Aces, Inc	,	

The Instru	ction Guide explains how to complete this fe	orm.	1 Total pages Schedule A1: Sch: 12/18 Rpt: 16/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/28/2024	Pearson, Barbara		\$56.00
	6 Contributor address; City; State; Zip Code		1
	China Spring, TX 76633		
8 Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/08/2024	Pete, Sessions for Congress	/	\$300.00
10/00/202-	-		
	Contributor address; City; State; Zip Code Waco, TX 76710		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	ς)
Congress	1	US Government	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Quiram, Helen	/	\$29.17
10,00,202.	Contributor address; City; State; Zip Code		
	Waco, TX 76710 Ipation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/15/2024	Quiram, Helen		\$26.04
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	;)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024	ROBB, JOY		\$28.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
-	ATIVE ASST	BEAR CREEK CONSTR	
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/18 Rpt: 17/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/08/2024	Ritch, Pamela		\$20.00
	6 Contributor address; City; State; Zip Code		
	Waco, TX 76710	· · · · · ·	
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)
			Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/03/2024			\$145.83
	Contributor address; City; State; Zip Code		
	McGregor, TX 76657		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
Date		)	Amount of Contribution (\$)
10/04/2024	Ruhl, Karla		\$29.17
	Contributor address; City; State; Zip Code		
	McGregor, TX 76657		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
		<u> </u>	Amount of Contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/04/2024	Russell, David		\$56.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/03/2024	Short, Patti		\$29.17
	Contributor address; City; State; Zip Code		
	McGregor, TX 76657		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)
Retired		Retired	

Filers) \$56.00 \$28.00
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\$58.33

The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 15/18 Rpt: 19/51
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
McLennan (	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
09/29/2024			\$29.17
	6 Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>
Executive		ArchSpec Sales	·/
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/08/2024			\$60.00
	Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
-	upation / Job title (See Instructions)	Employer (See Instructions	
Executive		ArchSpec Sales	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/01/2024	Tipton, Barbara		\$28.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	<i>''</i>
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/02/2024			\$56.00
	Contributor address; City; State; Zip Code		•
	Waco, TX 76710	1	
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/18/2024	West, Hannah		\$20.83
	Contributor address; City; State; Zip Code		1
	Waco, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Teacher		La Vega ISD	»)
reacher			

The Instruct	tion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/18 Rpt: 20/51	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	ounty Republican Women PAC		00018802	
4 Date 5	5 Full name of contributor out-of-state PAC (ID#:_	7 Amount of Contribution (\$)		
10/03/2024	West, Thomas			\$29.17
 E	6 Contributor address; City; State; Zip Code			
	Waco, TX 76712			
B Principal occupa	ation / Job title (See Instructions)	9 Employer (See Instructions)	s)	
Judge		State of Texas		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/06/2024	West, Thomas			\$20.00
··				
	Waco, TX 76712			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	s)	
i illeipta oooup				
Judge		State of Texas		
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Judge	White, Barbara	)		\$29.17
Judge Date		)		\$29.17
Judge Date	White, Barbara	)		\$29.17
Judge Date	White, Barbara Contributor address; City; State; Zip Code	)		\$29.17
Judge Date 09/28/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706	)	•	\$29.17
Judge Date 09/28/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions)	)	•	\$29.17
Judge Date 09/28/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner	Employer (See Instructions)	s)	\$29.17
Judge Date 09/28/2024 Principal occupa Business Owr Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#:_	Employer (See Instructions)	s) Amount of Contribution (\$)	
Judge Date 09/28/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#:_ White, Barbara	) Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	\$29.17
Judge Date 09/28/2024 Principal occupa Business Owr Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Mation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#:_ White, Barbara	) Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Owr Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#:_ White, Barbara	) Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Owr Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#:_ White, Barbara	) Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Owr Date 10/14/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) ner Full name of contributor out-of-state PAC (ID#: White, Barbara Contributor address; City; State; Zip Code	) Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Owr Date 10/14/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Per Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Self Employed	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Owr Date 10/14/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Per Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Per Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$) s) Amount of Contribution (\$)	
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own Date Date Date Date Date Date Date Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Per Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$) s) Amount of Contribution (\$)	\$52.08
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own Date Date Date Date Date Date Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Per Full name of contributor contributor out-of-state PAC (ID#:	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$) s) Amount of Contribution (\$)	\$52.08
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own Date Date Date Date Date Date Date Date	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Particle and the set of the set	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$) s) Amount of Contribution (\$)	\$52.08
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own Date 10/01/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 ation / Job title (See Instructions) ner Full name of contributor	Employer (See Instructions) Self Employed	s) Amount of Contribution (\$) s) Amount of Contribution (\$) .	\$52.08
Judge Date 09/28/2024 Principal occupa Business Own Date 10/14/2024 Principal occupa Business Own Date 10/01/2024	White, Barbara Contributor address; City; State; Zip Code Waco, TX 76706 Pation / Job title (See Instructions) Particle and the set of the set	Employer (See Instructions) Self Employed) Employer (See Instructions)	s) Amount of Contribution (\$) s) Amount of Contribution (\$) .	\$52.08

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/18 Rpt: 21/51	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/02/2024	Williams, Barbara			\$28.00
	6 Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Realtor		Carmille Johnson Realte	ors	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/08/2024	Williams, Barbara	/		\$40.00
10/00/2024				Ψ40.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Realtor		Carmille Johnson Realte	ors	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/08/2024	Williams, Gary	/		\$35.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
retired		retired	5)	
Tetileu			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/03/2024	Williams, Nancy			\$58.33
	Contributor address; City; State; Zip Code		1	
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
10/01/2024	Williams, Sandra	)	Amount of Contribution (\$)	\$56.00
10/01/2024				φ30.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 **1** Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 18/18 Rpt: 22/51 2 FILER NAME 3 Filer ID (Ethics Commission Filers) McLennan County Republican Women PAC 00018802 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 7 10/19/2024 \$62.50 Winterrowd, Mary ..... 6 Contributor address; City; State; Zip Code Mc Gregor, TX 76657 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Retired

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Office Ov	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Tatal pages Schodulo E1:	· · · ·		Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1: Sch: 1/29 Rpt: 23/51	McLennan County Republican Women PAC		Filer ID     (Ethics Commission Filers)       00018802		
4 Date	5 Payee name				
09/27/2024	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$1.47	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.		
			officeholder living expense		
		Fundraising Plat	torm ⊢ee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sou H	ıght	Office held		
Date	Payee name				
09/27/2024	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1.47					
ψ1.47					
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	lght	Office held		
Date	Payee name				
09/27/2024	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Ex - Gift/Awards/Memo Committee Legal Services	xpense Office Ove Polling Exp prials Expense Printing Exp	yment/Reimbursement head/Rental Expense ense pense 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:				<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 2/29 Rpt: 24/51	McLennan County Repu	blican Women PAC		00018802
4 Date	5 Payee name		•	
09/27/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de	
\$1.47	1340 Poydras Street, Su	iite 1770		
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed	d at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		Check if travel o	utside of Texas. Complete Schedule T.
EXPENDITORE				TX, officeholder living expense
			Fundraising P	latform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	e Office sou	yht	Office held
Date	Payee name			
09/27/2024	Anedot, Inc.			
Amount (\$)	Payee address; City;	State; Zip Co	10	
\$1.47	1340 Poydras Street, Su	lite 1770		
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Fees	d at the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense Iatform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	e Office sou	Jht	Office held
Date	Payee name			
09/27/2024	Anedot, Inc.			
Amount (\$)	Payee address; City;	State; Zip Co	de	
\$2.54	1340 Poydras Street, Su	iite 1770		
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed	d at the top of this schedule)	(b) Description	utside of Texas. Complete Schedule T.
EXPENDITURE	Fees			TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	e Office sou	ght	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense Expense J Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 3/29 Rpt: 25/51	McLennan County Republican Women PAC	5	00018802
4 Date	5 Payee name		
09/27/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	_	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Fundraising Plat	tform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H	ought	Office held
Date	Payee name		
09/28/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
.,		Coue	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held
Date	Payee name		
09/28/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s	ought	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori I Committee Legal Services	oense Office Over Polling Exp ials Expense Printing Ex	yment/Reimbursement head/Rental Expense ense jense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		•	· · · · · · · · · · · · · · · · · · ·	<b>3</b> Filer ID (Ethics Commission Filers)
Sch: 4/29 Rpt: 26/51	McLennan County Reput	olican Women PAC		00018802
4 Date	5 Payee name		1	
09/29/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City;	State; Zip Co	le	
\$3.66	1340 Poydras Street, Sui	te 1770		
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed	at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		Check if travel of	outside of Texas. Complete Schedule T.
EXPENDITORE				TX, officeholder living expense
			Fundraising F	Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ht	Office held
Date	Payee name			
09/29/2024	Anedot, Inc.			
Amount (\$)	Payee address; City;	State; Zip Co	10	
.,			ie	
\$1.47	\$1.47 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Fees	at the top of this schedule)		butside of Texas. Complete Schedule T. TX, officeholder living expense Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sou	ht	Office held
Date	Payee name			
09/30/2024	Anedot, Inc.			
Amount (\$)	Payee address; City;	State; Zip Co	le	
\$1.42	1340 Poydras Street, Sui	te 1770		
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed Fees	at the top of this schedule)	(b) Description	outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, Fundraising P	TX, officeholder living expense Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office soug	ht	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense Expense g Expense es/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 5/29 Rpt: 27/51	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
09/30/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Fundraising Pla	tform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s H	ought	Office held
Date	Payee name		
09/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$3.66			
ψ5.00	\$3.66 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. c, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s OH	ought	Office held
Date	Payee name		
09/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. c, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	ought	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polli By - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/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:		3	Filer ID (Ethics Commission Filers)	
Sch: 6/29 Rpt: 28/51	McLennan County Republican Women PA		00018802	
4 Date	5 Payee name	•		
10/01/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel outside	e of Texas. Complete Schedule T.	
LAFENDITORE			officeholder living expense	
		Fundraising Platf	orm Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held	
Date	Payee name			
10/01/2024	Anedot, Inc.			
Amount (\$)				
.,				
\$1.47 1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held	
Date	Payee name			
10/01/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$4.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement S verhead/Rental Expense T Expense T Expense T Wages/Contract Labor O	olicitation/Fundraising Expense ransportation Equipment & Related Expense ravel in District ravel Out of District THER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		-	iler ID (Ethics Commission Filers)
Sch: 7/29 Rpt: 29/51	McLennan County Republican Women PAC		0018802
4 Date	5 Payee name		
10/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	-	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		of Texas. Complete Schedule T.
			ficeholder living expense
		Fundraising Platfo	rm Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
10/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$2.63			
φ2.03	\$2.63 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		of Texas. Complete Schedule T. ficeholder living expense rm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	l ught	Office held
Date	Payee name		
10/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		of Texas. Complete Schedule T. ficeholder living expense rm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	payment/Reinbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 8/29 Rpt: 30/51	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		
10/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held	
Date	Payee name		
10/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held	
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 9/29 Rpt: 31/51	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
10/02/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	-	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
			K, officeholder living expense
		Fundraising Pla	attorm Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s PH	bught	Office held
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
.,			
φ2.03	\$2.63 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	L Dught	Office held
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Jode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	bught	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Pol By - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ze Overhead/Rental Expense ng Expense ting Expense ries/Wages/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:		3	Filer ID (Ethics Commission Filers)
Sch: 10/29 Rpt: 32/51	McLennan County Republican Women PA		00018802
4 Date	5 Payee name		
10/02/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zi	o Code	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees	Check if travel out	side of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense atform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	Code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	Code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Fees	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Pollin By - Gift/Awards/Memorials Expense Print	n Repayment/Reinbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/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 E1:		3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1: Sch: 11/29 Rpt: 33/51	Control Part Part Part Part Part Part Part Part		
4 Date	5 Payee name		
10/02/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	code	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		e sought Office held	
Date	Payee name		
10/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	code	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e sought Office held	
Date	Payee name		
10/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	o Code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Offi Food/Beverage Expense Poll By - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement te Overhead/Rental Expense ng Expense ting Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 12/29 Rpt: 34/51	McLennan County Republican Women PA		00018802
4 Date	5 Payee name	I	
10/03/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zi	Code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. 4. officeholder living expense
		Fundraising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held
Date	Payee name		
10/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	o Code	
\$1.42	\$1.42 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. c, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		sought	Office held
Date	Payee name		
10/03/2024	Anedot, Inc.		
		Cada	
Amount (\$)	Payee address; City; State; Zij	Coae	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outs	ide of Texas. Complete Schedule T. ., officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		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 Rej Fees Office Ov Food/Beverage Expense Polling E y - Glift/Awards/Memorials Expense Printing f	ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/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: 13/29 Rpt: 35/51	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
10/03/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		de of Texas. Complete Schedule T. officeholder living expense	
		Fundraising Plat		
		i unaraionig i lat		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sou H	l ıght	Office held	
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		le of Texas. Complete Schedule T. officeholder living expense form Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sol H	ight	Office held	
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1.47	1340 Poydras Street, Suite 1770			
*=-**				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sol H	ight	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	bayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/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:		3	Filer ID (Ethics Commission Filers)
Sch: 14/29 Rpt: 36/51	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
10/03/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense
		Fundraising Platf	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	l ught	Office held
Date	Payee name		
10/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	l ught	Office held
Date	Payee name		
10/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so H	ught	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 Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement brhead/Rental Expense pense xpense /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: 15/29 Rpt: 37/51	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
10/03/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
		Fundraising Pla	a, officeholder living expense	
		i unuraising i la		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	
	1			
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.54	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1.47	1340 Poydras Street, Suite 1770			
φ1.47	1340 Poyulas Sileet, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E by - Gift/Awards/Memorials Expense Printing I	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/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:		3	Filer ID (Ethics Commission Filers)	
Sch: 16/29 Rpt: 38/51	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name	I		
10/03/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$6.13	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		le of Texas. Complete Schedule T.	
			officeholder living expense	
		Fundraising Plat	form Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ıght	Office held	
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	nde		
.,				
Φ1.47	\$1.47 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		le of Texas. Complete Schedule T. officeholder living expense form Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	l ıght	Office held	
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		le of Texas. Complete Schedule T. officeholder living expense form Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so PH	ught	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 R Fees Office ( Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 17/29 Rpt: 39/51	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
10/03/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip (	Code		
\$4.78	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
		Fundraising Pla	X, officeholder living expense	
		i unuraising i ia		
9 Complete ONLY if direct	Candidate/Officeholder name Office s		Office held	
expenditure to benefit C/O				
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip (	Code		
\$1.47				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
		Fundraising Pla		
Complete ONLY if direct	Candidate/Officeholder name Office s	nucht	Office held	
expenditure to benefit C/O		agn		
Date	Payee name			
10/03/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip (	Code		
\$2.63	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office se	pught	Office held	
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Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
Sch: 18/29 Rpt: 40/51	Z     FILER NAME     3     Filer ID     (Ethics commission Filers)       McLennan County Republican Women PAC     00018802			
4 Date	5 Payee name	_		
10/04/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2.63	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held OH			
Date	Payee name			
10/04/2024	Anedot, Inc.			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
.,				
ΦΖ.34	\$2.54 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held			
Date	Payee name	-		
10/04/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held DH			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 19/29 Rpt: 41/51	McLennan County Republican Women PAC	ľ	00018802
4 Date	5 Payee name	I	
10/04/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense
		Fundraising Plat	form Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	bught	Office held
Date	Payee name		
10/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s OH	bught	Office held
Date	Payee name		
10/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	bught	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 Ov Food/Beverage Expense Polling Ex 9 - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/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: 20/29 Rpt: 42/51	McLennan County Republican Women PAC					
4 Date	5 Payee name					
10/04/2024	Anedot, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$2.63	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. 4. officeholder living expense			
		Fundraising Pla				
		i unuruising i lu				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	ght	Office held			
Date	Payee name					
10/06/2024	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$1.10	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</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>Fundraising Platform Fee</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held			
Date	Payee name					
10/08/2024	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip Co	nde				
\$1.90	1340 Poydras Street, Suite 1770					
φ1.30						
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. ., officeholder living expense tform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Dverhead/Rental Expense Expense J Expense s/Wages/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:		3	Filer ID (Ethics Commission Filers)	
Sch: 21/29 Rpt: 43/51	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name	I		
10/08/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$1.70	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s	ought	Office held	
Date	Payee name			
10/08/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$1.70	1340 Poydras Street, Suite 1770	Coue		
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s DH	ought	Office held	
Date	Payee name			
10/08/2024	Anedot, Inc.			
Amount (\$) \$1.10	Payee address;City;State;Zip1340 Poydras Street, Suite 1770	Code		
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s DH	ought	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/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:		3	Filer ID (Ethics Commission Filers)			
Sch: 22/29 Rpt: 44/51	McLennan County Republican Women PAC					
4 Date	5 Payee name					
10/08/2024	Anedot, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$1.90	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so H	ught	Office held			
Date	Payee name					
10/14/2024	Anedot, Inc.					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
\$2.38	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught	Office held			
Date	Payee name					
10/15/2024	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$1.10	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so H	ught	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)			
Sch: 23/29 Rpt: 45/51	McLennan County Republican Women PAC					
4 Date	5 Payee name					
10/15/2024	Anedot, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$1.10	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Fees		side of Texas. Complete Schedule T.			
			c, officeholder living expense			
		Fundraising Pla				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held			
Date	Payee name					
10/15/2024	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$1.10						
φ1.10	1340 Poyulas Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office so H	l ught	Office held			
Date	Payee name					
10/15/2024	Anedot, Inc.					
		odo				
Amount (\$)		UUE				
\$1.10	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.			
EAFENDIIUKE			K, officeholder living expense			
		Fundraising Pla	tform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Sabadula E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F1: Sch: 24/29 Rpt: 46/51	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         McLennan County Republican Women PAC       00018802		
4 Date	5 Payee name		
10/15/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/15/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
.,			
\$1.34	\$1.34 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/16/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.13	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</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>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment				
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 25/29 Rpt: 47/51	2     FILER NAME     3     FILER NAME     3     FILER NAME       McLennan County Republican Women PAC     00018802			
4 Date	5 Payee name			
10/18/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.13	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
10/19/2024	Anedot, Inc.			
Amount (\$)				
.,				
φ1.33	\$1.55 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</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>Fundraising Platform Fee</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
10/19/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.80	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage f - Gift/Awards/Men Committee Legal Services	Loan Repa Office Ove Expense Polling Exp norials Expense Printing Exp	yment/Reimbursement rhead/Rental Expense ense pense 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			<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 26/29 Rpt: 48/51	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name				
10/20/2024	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Co	de		
\$1.13	1340 Poydras Street, S	uite 1770			
Expenditure from corporate funds	New Orleans, LA 70112	2			
8 PURPOSE OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees			utside of Texas. Complete Schedule T.	
				TX, officeholder living expense	
			Fundraising P		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne Office sou	ght	Office held	
Date	Payee name				
10/21/2024	Anedot, Inc.				
Amount (\$)	Payee address; City;	State; Zip Co	le		
\$2.38	1340 Poydras Street, S				
φ2.30	1340 Fuyulas Sileei, S				
Expenditure from corporate funds	New Orleans, LA 70112	2			
PURPOSE OF EXPENDITURE	(a) Category (See Categories liste Fees	ed at the top of this schedule)		utside of Texas. Complete Schedule T. TX, officeholder living expense latform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan	ne Office sou	ght	Office held	
Data	Davias nome				
Date 10/21/2024	Payee name Baylor Club				
	-				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$2,491.35	1001 South Martin Luth	er King Blvd,			
Expenditure from corporate funds	Waco, TX 76704				
PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expens			utside of Texas. Complete Schedule T.	
				TX, officeholder living expense	
			Food and Bev	erage for Monthly Luncheon	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder nan I	ne Office sou	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			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 27/29 Rpt: 49/51	McLennan County Republican Women PAC 00018802		
4 Date 10/15/2024	5 Payee name CFO Shield, LLC dba Red Elephant Reports		
6 Amount (\$) \$383.35	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>959 W. Glade Rd.</li> <li>Hurst, TX 76054</li> </ul>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Bookkeeping Services and Support		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/18/2024	CFO Shield, LLC dba Red Elephant Reports		
Amount (\$) \$300.00	Payee address; City; State; Zip Code 959 W. Glade Rd.		
Expenditure from corporate funds	Hurst, TX 76054		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</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>Campaign Bookkeeping Services and Support</li> </ul>		
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Office held       Office held			
Date	Payee name		
10/08/2024	Donis D L Wilson Campaign		
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1216 Middleton Road		
Expenditure from corporate funds	Mart, TX 76664		
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 Contribution</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 28/29 Rpt: 50/51	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		
10/08/2024	Gina Parker Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	5051 Fort Avenue		
Expenditure from corporate funds	Waco, TX 76710		
8 PURPOSE OF		Description	
EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	Campaign Contribution	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held	
Date	Payee name		
09/30/2024	MailChimp		
Amount (\$)	Payee address; City; State; Zip Code		
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000		
Expenditure from corporate funds	Atlanta, GA 30308		
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Email Service	
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH			
Date	Payee name		
10/09/2024	Name Badges, Inc		
Amount (\$)	Payee address; City; State; Zip Code		
\$80.21	12240 SW 53rd Street, Suite 511		
Expenditure from corporate funds	Cooper City, FL 33330		
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Name Badges (4) Total	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	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       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 29/29 Rpt: 51/51	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
10/01/2024	TFRW		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$100.00	13740 N. Highway 183, Suite J4		
Expenditure from corporate funds	Austin, TX 78750		
8 PURPOSE OF	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Contributions/Donations Made By</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> </ul>		
EXPENDITURE	Candidate/Officeholder/Political Committee Donation - Scholarship		
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
Date	Payee name		
10/21/2024	TFRW		
Amount (\$)	Payee address; City; State; Zip Code		
\$375.00	13740 N. Highway 183, Suite J4		
Expenditure from corporate funds	Austin, TX 78750		
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 Donation - Membership</li> </ul> </li> </ul>		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/08/2024	Thomas West Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	368 Leutwyler Lane		
Expenditure from corporate funds	Waco, TX 76712		
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		