

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00055358	<b>2 Total pages filed:</b> 38
<b>3 COMMITTEE NAME</b> Republican Women of Yoakum Area		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 10/28/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 615  Yoakum, TX 77995	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Cynthia Marie <hr/> NICKNAME LAST SUFFIX Day	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 497 CR 312  Shiner, TX 77984	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 497 CR 312  Shiner, TX 77984	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (361) 772-8306	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10 PERIOD COVERED</b>		Month Day Year      Month Day Year 07/01/2024      THROUGH      10/26/2024	
<b>11 ELECTION</b>		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 11/05/2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Republican Women of Yoakum Area	<b>13 Filer ID</b> (Ethics Commission Filers) 00055358
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported    Officer Keith Schmidt    Gonzales County Sheriff
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 4,303.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,880.26
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 11,304.09
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 21,051.69
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Cynthia Marie Day  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 3 of 38

<b>12 COMMITTEE NAME</b> Republican Women of Yoakum Area		<b>13 Filer ID</b> (Ethics Commission Filers) 00055358
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jaime Tijerina Court Of Appeals, Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jenny Cron Court Of Appeals, Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ysmael Fonseca Court Of Appeals, Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Ysmael Fonseca Court Of Appeals, Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**  
ADDENDUM

Page 4 of 38

<b>12 COMMITTEE NAME</b> Republican Women of Yoakum Area		<b>13 Filer ID</b> (Ethics Commission Filers) 00055358
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Jon West Court Of Appeals, Justice  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported AJ Louderback State Representative  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Alan Schoolcraft State Representative  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)		

**SUBTOTALS - GPAC**

<b>17 COMMITTEE NAME</b> Republican Women of Yoakum Area		<b>18 Filer ID</b> 00055358	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	19,772.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	108.26
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,304.09
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/16 Rpt: 6/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 07/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahrens, Leslie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahrens, Leslie <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahrens, Leslie <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ahrens, Leslie <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Appelt, Helen (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/16 Rpt: 7/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Cheryl (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Factory Rep.		<b>9</b> Employer (See Instructions) KAS Corp
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bates, Cheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Factory Rep.		Employer (See Instructions) KAS Corp
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boehm, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Rick (Mr.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cash, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/16 Rpt: 8/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cash, Brenda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chandler, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code  Sweet Home, TX 77987	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry, Christina <hr/> Contributor address; City; State; Zip Code  yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) home caregiver		Employer (See Instructions) n/a
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry, Christina <hr/> Contributor address; City; State; Zip Code  yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) home caregiver		Employer (See Instructions) n/a
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cherry, Christina <hr/> Contributor address; City; State; Zip Code  yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) home caregiver		Employer (See Instructions) n/a



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/16 Rpt: 9/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cimrhanzl, Jane (Mrs.)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Marie	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Marie	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Marie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Day, Marie	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/16 Rpt: 10/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/06/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dewitt County Republican Party	<b>7</b> Amount of Contribution (\$) \$1,000.00
<b>6</b> Contributor address; City; State; Zip Code  Nordheim, TX 78141		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edwards, Virginia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Feril, Aubrey	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Cuero, TX 77954		
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, James	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) JP1		Employer (See Instructions) Lavaca County
Date 09/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fowler, Daryl L (Mr.)	Amount of Contribution (\$) \$800.00
Contributor address; City; State; Zip Code  Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dewitt Co

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/16 Rpt: 11/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hall, Hallie (Ms.)	<b>7</b> Amount of Contribution (\$) \$800.00
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<b>8</b> Principal occupation / Job title (See Instructions) Justice of the Peace Pct 4		<b>9</b> Employer (See Instructions) Lavaca County
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heinsohn-Kropp, Holly	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) college prof		Employer (See Instructions) n/a
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Heinsohn-Kropp, Holly	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) college prof		Employer (See Instructions) n/a
Date 09/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, Cindy (Ms.)	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, David (Mr.)	Amount of Contribution (\$) \$600.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) James Teleco

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/16 Rpt: 12/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) James, David (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	
<b>8</b> Principal occupation / Job title (See Instructions) Business owner		<b>9</b> Employer (See Instructions) James Teleco
Date 09/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kaspar, Jason	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) finance		Employer (See Instructions) self
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Koehler, Doris (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Yorktown, TX 78164	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kuester, Roy (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Victoria, TX 77903	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Langhoff, John (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/16 Rpt: 13/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 07/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Leining, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louderback, A. J. <hr/> Contributor address; City; State; Zip Code  Edna, TX 77957-3259	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Jackson County
Date 09/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Louderback, A. J. <hr/> Contributor address; City; State; Zip Code  Edna, TX 77957-3259	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Sheriff		Employer (See Instructions) Jackson County
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marek-Cash, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNerney, Jackie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/16 Rpt: 14/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McNerney, Jackie (Mrs.)	<b>7</b> Amount of Contribution (\$) \$60.00
	<b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 09/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mercer, Larry (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Gonzales, TX 78629	
Principal occupation / Job title (See Instructions) Chicken Farmer		Employer (See Instructions) Self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mertz, Mary Ann (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mertz, Mary Ann (Ms.)	Amount of Contribution (\$) \$14.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgenroth, Robert (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Victoria, TX 77902	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/16 Rpt: 15/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Morgenroth, Robert (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77902		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Fonda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Fonda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Fonda	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Myers, Pat (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/16 Rpt: 16/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nichols, Patricia S <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) n/a
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) O'Neill, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) P/T Treas.		Employer (See Instructions) Holy Cross Lutheran Ch.
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Palmer, Linda Ellington <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77904	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) exec dir		Employer (See Instructions) Gariel Proj of Crossroads
Date 09/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ray, Steve <hr/> Contributor address; City; State; Zip Code  Corpus Christi, TX 78403	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) counseling		Employer (See Instructions) self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Repka, Shara <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/16 Rpt: 17/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sage, Tracey Ann	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995		
<b>8</b> Principal occupation / Job title (See Instructions) Groomer		<b>9</b> Employer (See Instructions) self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sage, Tracey Ann	Amount of Contribution (\$)  \$35.00
Contributor address; City; State; Zip Code  Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) Groomer		Employer (See Instructions) self
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Savage, Peggy	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Yorktown, TX 78164		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Savage, Peggy	Amount of Contribution (\$)  \$20.00
Contributor address; City; State; Zip Code  Yorktown, TX 78164		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schoolcraft, Alan	Amount of Contribution (\$)  \$500.00
Contributor address; City; State; Zip Code  McQueeney, TX 78123		
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/16 Rpt: 18/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/14/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidel, Jeannie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Westhoff, TX 77994	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Seidel, Jeannie <hr/> Contributor address; City; State; Zip Code  Westhoff, TX 77994	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Strong, Carolyn <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 09/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson-Draper, Cheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code  Sheridan, TX 77475	Amount of Contribution (\$)  \$600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Slooten, Karl <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) police chief		Employer (See Instructions) City of Yoakum

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/16 Rpt: 19/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 07/01/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Slooten, Xochitl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) unknown
Date 07/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Slooten, Xoxhitl <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) unknown
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Slooten, Xoxhitl <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) unknown
Date 08/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vickers, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vickers, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/16 Rpt: 20/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vickers, John (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 07/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Vickers, Vicki (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wells, Carolyn	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Yorktown, TX 78164	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wilson, Cheryl	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Winkenwerder, Joann	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/16 Rpt: 21/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/11/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wright, Pauline <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 22/38	
2 FILER NAME Republican Women of Yoakum Area		3 Filer ID (Ethics Commission Filers) 00055358	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 07/18/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Brenda (Ms.)	8 Amount of contribution (\$) \$54.13	9 In-kind contribution description flyers--Taste of Freedom Rally
	7 Contributor address; City; State; Zip Code  Shiner, TX 77984	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 08/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNerney, Jackie (Mrs.)	Amount of contribution (\$) \$54.13	In-kind contribution description flyers--Taste of Freedom Rally
	Contributor address; City; State; Zip Code  Shiner, TX 77984	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions) N/A	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 23/38

**2** FILER NAME  
Republican Women of Yoakum Area

**3** Filer ID (Ethics Commission Filers)  
00055358

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

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

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**7** Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 24/38
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/14 Rpt: 25/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/01/2024	<b>5</b> Payee name Bright, Kevin	
<b>6</b> Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1280 PVT Rd 1024  Hallettsville, TX 77964	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sergeant-at-arms Taste of Freedom Rally
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/10/2024	Payee name Cherry, Christina	
Amount (\$) \$189.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb for meal--July monthly meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/11/2024	Payee name Cherry, Christina	
Amount (\$) \$28.13  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb to replace cabinet locks
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/14 Rpt: 26/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/14/2024	<b>5</b> Payee name Cherry, Christina	
<b>6</b> Amount (\$) \$229.06  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--Taste of Freedom Rally hospitality items
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/11/2024	Payee name Cherry, Christina	
Amount (\$) \$346.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--September meal monthly meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/15/2024	Payee name Cherry, Christina	
Amount (\$) \$117.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--salad September monthly meeting meal
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/14 Rpt: 27/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/09/2024	<b>5</b> Payee name Cherry, Christina	
<b>6</b> Amount (\$) \$51.37  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 817 CR 435  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--salad, bread, October monthly meeting meal
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cron, Jenny	Office sought Office held
Date 10/17/2024	Payee name Cron, Jenny	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 321 Texan Tr, Ste 225  Corpus Christi, TX 78412	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cron, Jenny	Office sought Office held
Date 09/24/2024	Payee name Cuero Record	
Amount (\$) \$153.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 119 E Main St.  Cuero, TX 77954	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/14 Rpt: 28/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/28/2024	<b>5</b> Payee name D'Axel Decorations Event Planner	
<b>6</b> Amount (\$) \$527.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 310 Front St.  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/2 linen contract--Taste of Freedom Rally
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/08/2024	Payee name Dewitt Poth & Son	
Amount (\$) \$135.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense tickets--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2024	Payee name Dewitt Poth & Son	
Amount (\$) \$34.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) sheet protectors; certificate holders	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sheet protectors; certificate holders--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/14 Rpt: 29/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/19/2024	<b>5</b> Payee name Dewitt Poth & Son	
<b>6</b> Amount (\$) \$69.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense programs--Taste of Freedom Rally
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Fonseca, Ysmael	Office sought Office held
Date 10/17/2024	Payee name Fonseca, Ysmael	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10213 N 10th St  McAllen, TX 78804	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Fonseca, Ysmael	Office sought Office held
Date 10/01/2024	Payee name Gonzales Inquirer	
Amount (\$) \$322.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1777  Cedar Park, TX 78630	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/14 Rpt: 30/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
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<b>4</b> Date 10/04/2024	<b>5</b> Payee name Hallettsville Tribune-Herald
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<b>6</b> Amount (\$) \$102.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Drawer 427  Hallettsville, TX 77964
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/28/2024	Payee name Lira Rossa Artisan Cheese
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Amount (\$) \$216.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 784 CR 251  Moulton, TX 77975
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cheese table--Taste of Freedom Rally
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/01/2024	Payee name Lone Star 854
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Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 210 CR 146  Hallettsville, TX 77964
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense colorguard--Taste of Freedom Rally
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/14 Rpt: 31/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/17/2024	<b>5</b> Payee name Louderback, AJ	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1792  Victoria, TX 77902	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Louderback, AJ	Office sought State Representative District 30
Date 09/14/2024	Payee name McNerney, Jackie	
Amount (\$) \$245.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1613 CR 376  Shiner, TX 77984	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pocket constitutions; 2024 Constitutional Essay Contest
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/04/2024	Payee name Moulton Eagle	
Amount (\$) \$70.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 427  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/14 Rpt: 32/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/08/2024	<b>5</b> Payee name Myers, Fonda	
<b>6</b> Amount (\$) \$51.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 10324 FM 530  Hallettsville, TX 77964	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb for rolls to cover tables
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/12/2024	Payee name Myers, Fonda	
Amount (\$) \$527.72  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10324 FM 530  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 1/2 linen contract--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2024	Payee name Myers, Fonda	
Amount (\$) \$260.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10324 FM 530  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--Taste of Freedom Rally table items
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/14 Rpt: 33/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/01/2024	<b>5</b> Payee name Peterson, Kerry	
<b>6</b> Amount (\$) \$200.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4417 CR 419  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sergeant-at-arms--Taste of Freedom Rally
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2024	Payee name Sandy's Wingz & Thingz	
Amount (\$) \$85.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 140 Auction Ring Road  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal--October monthly meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2024	Payee name Schmidt, Keith A	
Amount (\$) \$250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14 Park Place  Gonzales, TX 78629	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Schmidt, Keith	Office sought Office held Gonzales County Sheriff

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/14 Rpt: 34/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/17/2024	<b>5</b> Payee name Schoolcraft, Alan	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 404 Pat Booker Rd  Universal City, TX 78148	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Schoolcraft, Alan	Office sought State Representative District 44
Date 10/04/2024	Payee name Shiner Gazette	
Amount (\$) \$83.25  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 727  Shiner, TX 77984	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/14/2024	Payee name Sunken Gardens	
Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 305 E 5th St  Shiner, TX 77984	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal for Aug meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/14 Rpt: 35/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
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<b>4</b> Date 10/17/2024	<b>5</b> Payee name Tijerina, Jaime
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<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4109 Whitewing Ave  McAllen, TX 78501
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Tijerina, Jaime	Office sought Court Of Appeals, Justice	Office held
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Date 10/14/2024	Payee name USPS
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Amount (\$) \$84.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 112 Nelson St.  Yoakum, TX 77995
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense annual PO box rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/31/2024	Payee name Wauson, Laura
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Amount (\$) \$148.83  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1698 FM 966  Yoakum, TX 77995
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimb--Taste of Freedom Rally silent auction items
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/14 Rpt: 36/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/17/2024	<b>5</b> Payee name West, Jon	
<b>6</b> Amount (\$) \$500.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 341  Agua Dulce, TX 78330	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) candidate donation	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense candidate donation
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name West, Jon	Office sought Court Of Appeals, Justice
Date 07/10/2024	Payee name Yoakum Community Center	
Amount (\$) \$193.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental July meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held
Date 08/14/2024	Payee name Yoakum Community Center	
Amount (\$) \$243.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental Aug meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/14 Rpt: 37/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/12/2024	<b>5</b> Payee name Yoakum Community Center	
<b>6</b> Amount (\$) \$228.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sept hall rental monthly meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2024	Payee name Yoakum Community Center	
Amount (\$) \$1,896.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--Taste of Freedom Rally
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/11/2024	Payee name Yoakum Community Center	
Amount (\$) \$264.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--October meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/14 Rpt: 38/38	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
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<b>4</b> Date 10/04/2024	<b>5</b> Payee name Yoakum Herald-Times
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<b>6</b> Amount (\$) \$89.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 798  Yoakum, TX 77995
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper ad--Taste of Freedom Rally
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/01/2024	Payee name Yoakum Self Storage
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Amount (\$) \$60.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 300 River Bend Dr  Georgetown, TX 78628
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly storage rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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