

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Republican Women of Trinity County	13 Filer ID (Ethics Commission Filers) 00070360
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 2,798.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,596.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 4,983.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,966.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Kirby D. Mackey

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Republican Women of Trinity County		18 Filer ID (Ethics Commission Filers) 00070360
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,596.33
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,966.27
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/11 Rpt: 4/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baranowski, Teresa (Mrs.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bond, Stacey	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Insurance broker		Employer (See Instructions) Goosehead insurance
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boney, Carole	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Madeline (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Apple Springs, TX 75926	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Tanya	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/11 Rpt: 5/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Nita <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Nita <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.92
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Betsy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carney, Betsy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$25.92
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Barbara <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/11 Rpt: 6/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Barbara	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Trinity, TX 75862		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Paulette (Mrs.)	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Apple Springs, TX 75926		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cerino, Yvonne	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlin, Barbara (Mrs.)	Amount of Contribution (\$) \$108.92
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) City of Trinity	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Trinity, TX 75862		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/11 Rpt: 7/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Czajkowski, Cathy (Ms.)	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Groveton, TX 75845	
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Groveton City Library
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeVries, Linda	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Woodlake, TX 75865	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Shawn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Lufkin, TX 75901	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erdmann, Dana	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freyer, Bob	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Coldspring, TX 77331	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Polk County Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/11 Rpt: 8/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frye, Sunnie <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Maria <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Malaki <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamby, Beth (Mrs.) <hr/> Contributor address; City; State; Zip Code Groveton, TX 75846	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Erin <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/11 Rpt: 9/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrington, Sally Jo (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Ann (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Robbin	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Loan Officer		Employer (See Instructions) Chartway Credit Union
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsinger, Cindy	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/11 Rpt: 10/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreitzer, Brenda	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasater, Monet	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Mary Dawn	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackey, Kirby	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) SHSU
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manlapig, Barbara	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code Trinity, TX 75862	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/11 Rpt: 11/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Shary <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matuszewski, Karen <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moble, Kathleen (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75826	Amount of Contribution (\$) \$65.92
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Michele <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhoden, Libby <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/11 Rpt: 12/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spearman, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75986	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Square Inc <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103	Amount of Contribution (\$) \$209.81
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kay (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swidersky, Nancy <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Charla (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/11 Rpt: 13/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Libby <hr/> 6 Contributor address; City; State; Zip Code Trinity, TX 75862	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyler, Loretta <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Elaine (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$65.92
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams , Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Charlene (Keeker) <hr/> Contributor address; City; State; Zip Code Trinity, TX 75862	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/11 Rpt: 14/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zimont, Jane	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Trinity, TX 75862	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 15/20

2 FILER NAME
Republican Women of Trinity County

3 Filer ID (Ethics Commission Filers)
00070360

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 16/20
2 FILER NAME Republican Women of Trinity County		3 Filer ID (Ethics Commission Filers) 00070360
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 17/20	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 11/08/2024	5 Payee name Carson, Paulette	
6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P. O. Box 196 Apple Springs, TX 75926	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense political signs reimbursement
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name Chamberlin, Barbara	
Amount (\$) \$163.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 108 Cottonwood Trinity, TX 75862	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense reimbursement for event supplies and food
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Ethel Reese Library	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 126 W 1st Street Groveton, TX 75845	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to public library
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.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 18/20	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 11/25/2024	5 Payee name First National Bank of Trinity
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6 Amount (\$) \$34.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 145 South Robb Street Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stop-check fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2024	Payee name Friends of the Library
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Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 103 Prospect Dr Trinity, TX 75862
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation to community activities' supplies
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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 11/12/2024	Payee name Groveton Senior Center
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 143 W. Front Groveton, TX 75845
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense community donation
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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.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 19/20	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
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4 Date 11/04/2024	5 Payee name Martin Senior Center
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 Walker Street Trinity, TX 75862
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for local Meals On Wheels program
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/07/2024	Payee name TFRW
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Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense beryl dowd scholarship donation
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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 12/19/2024	Payee name TFRW
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Amount (\$) \$1,120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense annual club membership fees
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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.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 20/20	2 FILER NAME Republican Women of Trinity County	3 Filer ID (Ethics Commission Filers) 00070360
4 Date 12/28/2024	5 Payee name Texas Comptroller of Public Accounts	
6 Amount (\$) \$390.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 111 E. 17th Street Austin, TX 78774-0100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TX State Sales and Use Tax for merchandise sold
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/27/2024	Payee name Trinity County	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 162 W. 1st Groveton, TX 75845	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation for county community center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/28/2024	Payee name Wreaths Across America	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4 Point Street PO Box 249 Columbia Falls, ME 04623	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held