

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054577	2 Total pages filed: 41
3 COMMITTEE NAME North Shore Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/15/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1993 Montgomery, TX 77356	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Chris NICKNAME LAST SUFFIX Gurley	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 49 Fairfield Drive Montgomery, TX 77356	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 49 Fairfield Drive Montgomery, TX 77356	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (936) 597-4409	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 10/27/2024 THROUGH 12/31/2024	
11 ELECTION		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	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME North Shore Republican Women	13 Filer ID (Ethics Commission Filers) 00054577
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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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,091.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 37,268.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 57,756.79
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.

Mrs. Chris Gurley

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**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME North Shore Republican Women		18 Filer ID (Ethics Commission Filers) 00054577
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,091.90
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 37,268.95
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: 1/23 Rpt: 4/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alderfer, Lorraine <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Beverly <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$37.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/23 Rpt: 5/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Askew, Sandra (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balfantz, Mary <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Balfantz, Mary <hr/> Contributor address; City; State; Zip Code Spring, TX 77389	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartell, Dotty <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billingsley, Leigh <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8397	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/23 Rpt: 6/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Nelda (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code The Woodlands, TX 77380	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton, Irma (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowe, Barbara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Juanita	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/23 Rpt: 7/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jayne (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356-8271	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burg, Shirley (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caillouet, Nancy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired teacher		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cambren, Jill (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Cheryl	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/23 Rpt: 8/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Tammy <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77384	7 Amount of Contribution (\$) \$140.00
8 Principal occupation / Job title (See Instructions) Dental Management Coach		9 Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cribbs, Jan <hr/> Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Janet <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Phyllis (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Phyllis (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/23 Rpt: 9/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Phyllis (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Retired RN		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlberg, Laura (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8380	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy-Pawlak, Karen (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8423	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinklage, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris, Mary-Francis (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/23 Rpt: 10/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dye, Debbi (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckland, Cay (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddleman, Barbara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddleman, Barbara	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Conroe, TX 77304	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/23 Rpt: 11/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulcher, Bettygail <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Nancy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gottung, Patricia <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/23 Rpt: 12/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Diana (Mrs.)	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Kim (Mrs.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gurley, Christine (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Becky	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Becky	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/23 Rpt: 13/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Sam <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hivnor, Diane (Mrs.) <hr/> Contributor address; City; State; Zip Code Williis, TX 77378	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hostetler, Jody (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8610	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchcroft, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jepsen, Susan <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/23 Rpt: 14/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jepsen, Susan <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonas, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$74.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Fred (Mr.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/23 Rpt: 15/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyser, Lori	7 Amount of Contribution (\$) \$140.00
	6 Contributor address; City; State; Zip Code Spring, TX 77389	
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyser, Lori	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyser, Ron	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keyser, Ron	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Spring, TX 77389	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krenek, Mary	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/23 Rpt: 16/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Kim	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luquette, Brenda	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire, Marianna	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire, Marianna	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Spring, TX 77386	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Jean Ann (Ms.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/23 Rpt: 17/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joan (Mrs.)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356-8466	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Kim	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Creative Memories Consultant		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelow, Christy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Professional Coach		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michels, Barbara	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/23 Rpt: 18/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thelma (Mrs.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Montgomery, TX 77356	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Sharon (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Sharon (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Patti	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Conroe, TX 77384	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Lori	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Montgomery, TX 77356-4989	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/23 Rpt: 19/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia	7 Amount of Contribution (\$) \$54.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77356		
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newberry, Kathleen (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ochs, Julie	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelka, Katherine	Amount of Contribution (\$) \$54.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/23 Rpt: 20/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelka, Katherine <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perilloux, Della <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petro, Yolanda <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Finance Manager		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontious, Kay <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rohde, Hella (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/23 Rpt: 21/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Lynette	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77356		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sappenfield, Nancy (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekula-Gibbs, Shelley (Dr.)	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) Dermatologist		Employer (See Instructions)
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sekula-Gibbs, Shelley (Dr.)	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) Dermatologist		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheridan, Patricia (Mrs.)	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/23 Rpt: 22/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibley, Sunday 6 Contributor address; City; State; Zip Code Willis, TX 77318	7 Amount of Contribution (\$) \$47.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibley, Sunday Contributor address; City; State; Zip Code Willis, TX 77318	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Sheri Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South, Ann (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$560.90
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/23 Rpt: 23/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Genette	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77356		
8 Principal occupation / Job title (See Instructions) Licensed Professional Counslor		9 Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, James	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions)
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinmann, Brandon	Amount of Contribution (\$) \$70.00
Contributor address; City; State; Zip Code The Woodlands, TX 77380		
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions) Montgomery County
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Kay	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Willis, TX 77318		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Kathleen	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/23 Rpt: 24/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Kathleen	7 Amount of Contribution (\$) \$54.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77356		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Kathleen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Lexie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Julie	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Barbara	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/23 Rpt: 25/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Katy	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Montgomery, TX 77358		
8 Principal occupation / Job title (See Instructions) Fitness Instructor		9 Employer (See Instructions)
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Mary Ann	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Widak, Mariarosa	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Carolyn	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Conroe, TX 77385		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Withrow, Gwen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Montgomery, TX 77356		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/23 Rpt: 26/41
2 FILER NAME North Shore Republican Women		3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Dorothy (Mrs.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Rae-Jean (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Retired		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: 1/15 Rpt: 27/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/31/2024	5 Payee name Alliance of New Americans	
6 Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Attention: Marlen Tejada 7807 Board Crossing 4978 Conroe, TX 77304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hispanic Community Outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Citizenship classes and other work done in the Hispanic Community
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Amazon Marketplace	
Amount (\$) \$879.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Caring for America - Pregnancy Center	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Supplies for Pregnancy Center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Amazon.com LLC	
Amount (\$) \$28.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. North Seattle, WA 98101-5210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Literacy - MELP	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Book for M.E.L.P. Literacy
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: 2/15 Rpt: 28/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 12/02/2024	5 Payee name Amazon.com
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6 Amount (\$) \$29.31 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11501 Alterra Pkwy. Austin, TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Binders for New Members	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Binders for New Members
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2024	Payee name Amazon.com
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Amount (\$) \$38.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11501 Alterra Pkwy. Austin, TX 78758
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Paper goods for Holiday Brunch
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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 11/19/2024	Payee name Amore Seafood
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14860 Hwy 105 West Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift card	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift for outgoing President of Club
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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.

1 Total pages Schedule F1: Sch: 3/15 Rpt: 29/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/12/2024	5 Payee name Aspen Designs	
6 Amount (\$) \$45.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O.Box 3037 Annapolis, MD 21403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Merchandise for Gift Table	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchandise for Gift Table
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Bentwater Yacht & Country Club	
Amount (\$) \$90.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Luncheon expense for 2 Speakers plus 1 guest
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Bentwater Yacht & Country Club	
Amount (\$) \$19,562.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Expenditures for Fundraiser
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: 4/15 Rpt: 30/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 12/13/2024	5 Payee name Bentwater Yacht & Country Club
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6 Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Lunch for Speaker and Guest at Monthly meeting
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2024	Payee name Costco Wholesale
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Amount (\$) \$256.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8185 State HWY 242 The Woodlands, TX 77385
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Cost of 41 Poinsettias for Christmas meeting
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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 12/18/2024	Payee name GHCFRW PAC
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Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code c/o Amy Byers 4851 West Fork Blvd. Conroe, TX 77304
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Annual Dues	(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 Dues to GHCFRW
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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.

1 Total pages Schedule F1: Sch: 5/15 Rpt: 31/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 11/11/2024	5 Payee name Google Inc.
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6 Amount (\$) \$64.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace email addresses for officers
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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 12/27/2024	Payee name Google Inc.
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Amount (\$) \$66.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email addresses for officers
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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 12/26/2024	Payee name Harland Clarke Corp
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Amount (\$) \$34.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15955 LaCantera Parkway San Antonio, TX 78256
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Ordered Checks	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to reordered checks for club use
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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: 6/15 Rpt: 32/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 12/31/2024	5 Payee name Hispanic Conservatives of Montgomery County
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Attention: Marianna Maguire 27119 W. Balsam Fir Circle Spring, TX 77386
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Hispanic Community Outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Creation of effective media and other outreach in Hispanic Community
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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 12/02/2024	Payee name Intuit QuickBooks
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Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Monthly Fee	(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 Fee for Quickbooks financial online
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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 12/31/2024	Payee name Intuit QuickBooks
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Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee for Monthly Financial Software	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for Monthly Financial Software
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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: 7/15 Rpt: 33/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 12/31/2024	5 Payee name Jotform
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6 Amount (\$) \$434.93 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4 Embarcadero Center Suite 780 San Francisco, CA 94111
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media - Online Forms	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Online Forms Annual 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 11/11/2024	Payee name Kroger- Montgomery
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Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20168 Eva Street Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift Certificate	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Certificates for Food Bank for Turkeys
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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 12/12/2024	Payee name Kroger- Montgomery
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Amount (\$) \$465.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20168 Eva Street Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift Cards	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Cards for Christmas to individuals in need for Americanism
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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: 8/15 Rpt: 34/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 11/11/2024	5 Payee name Kroger
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6 Amount (\$) \$925.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12605 I-45 North Willis, TX 77318
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift Certificates	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Certificates for Food Bank for Turkeys
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/11/2024	Payee name Mailchimp
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Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Communications	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly Emails
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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 12/27/2024	Payee name Mailchimp
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Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly emails
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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.

1 Total pages Schedule F1: Sch: 9/15 Rpt: 35/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
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4 Date 12/31/2024	5 Payee name Mailchimp
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6 Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Media	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly Emails
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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 12/02/2024	Payee name Montgomery High School Choir
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Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 22825 TX 105 Montgomery, TX 77356
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Honorarium to Choir	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Honorarium to Choir for singing at Christmas Meeting
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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 11/21/2024	Payee name Montgomery Printers
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Amount (\$) \$425.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 310 North Danville Suite D Willis, TX 77378
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Signs for Fundraiser	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs printed for Fundraiser
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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: 10/15 Rpt: 36/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/27/2024	5 Payee name Public Storage	
6 Amount (\$) \$1,296.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 22394 W. FM1097 Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) storage unit rental	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 6 months rental for storage unit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name Square Up, Inc.	
Amount (\$) \$23.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees for taking credit cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2024	Payee name Square Up, Inc.	
Amount (\$) \$3.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit cards
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: 11/15 Rpt: 37/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/11/2024	5 Payee name Square Up, Inc.	
6 Amount (\$) \$1.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees for taking credit cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2024	Payee name Square Up, Inc.	
Amount (\$) \$2.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2024	Payee name Square Up, Inc.	
Amount (\$) \$2.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit cards
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: 12/15 Rpt: 38/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/02/2024	5 Payee name Square Up, Inc.	
6 Amount (\$) \$2.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fee to take credit cards
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Square Up, Inc.	
Amount (\$) \$13.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees for taking credit cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2024	Payee name Square Up, Inc.	
Amount (\$) \$2.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit cards
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: 13/15 Rpt: 39/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/16/2024	5 Payee name TFRW PAC	
6 Amount (\$) \$20.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Annual Service Charge	(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 Service Charge Paid to TFRW PAC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name TFRW PAC	
Amount (\$) \$2,125.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Payment for 1st Submission	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment to TFRW PAC for 1st Membership submission for new members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/06/2024	Payee name The Dictionary Project	
Amount (\$) \$2,880.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1845 Charleston, SC 29402	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Literacy	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase Dictionaries Students - Literacy Program
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: 14/15 Rpt: 40/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 11/21/2024	5 Payee name Toys for Tots	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 18251 Quantico Gateway Drive Triangle, VA 22172-1776	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(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 Toys for Tots
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2024	Payee name United States Postal Service	
Amount (\$) \$47.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20821 Eva Street Suite H Montgomery, TX 77356-9998	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage for Mailings Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2024	Payee name United States Postal Service	
Amount (\$) \$9.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20821 Eva Street Suite H Montgomery, TX 77356-9998	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Certified Mail	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Certified mail to mail IRS Form 8871
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: 15/15 Rpt: 41/41	2 FILER NAME North Shore Republican Women	3 Filer ID (Ethics Commission Filers) 00054577
4 Date 12/12/2024	5 Payee name Walgreens Montgomery	
6 Amount (\$) \$17.97 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 18900 Highway 105 W Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photos processed for President's Book	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photos processed to place in President's Scrapbook
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Walmart (The Woodlands)	
Amount (\$) \$41.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3040 College Park Dr. The Woodlands, TX 77384	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Caring for America - Pregnancy Center	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Supplies for Pregnancy Center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/11/2024	Payee name Walmart	
Amount (\$) \$114.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 18700 Highway 105 W Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Caring for America - Pregnancy Center	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Supplies for Pregnancy Center
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held