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) 00085254					 Total pages filed 16 		
3	COMMITTEE NAME					OFFICE US	SE ONLY
	Southeast Texas F	Republican Women				Date Received ELECTRONICAL 01/02/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	Y:	STATE; ZIF	P CODE		
	ADDRESS	P.O. Box 1071	- ,	,			
	_					Date Hand-delivered or D	Date Postmarked
	Change of Address	Nederland, TX 77627				Receipt #	Amount
							, unount
						Date Processed	
						Date Imaged	
5	CAMPAIGN TREASURER	MS/MRS/MR FIRST				MI	
	NAME	Ms. Patricia A.					
		NICKNAME LAST				SUFFIX	
		Pat Greene					
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STAT	E; ZIP CODE
	STREET	4400 Morningstar Place					
	ADDRESS						
	(Residence or Business)	Beaumont, TX 77705					
7	CAMPAIGN TREASURER	STREET OR PO BOX;		APT / SUITE #;	CITY	STA	TE; ZIP CODE
	MAILING	225 Stillwater Dr.					
	ADDRESS						
	Change of Address	Beaumont, TX 77705					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXT	ENSION			
	TREASURER PHONE	(409) 626-2585					
	FIONE						
9	REPORT	X January 15 3)th c	ay before election		Dissolution (Attach	PAC-DR)
	TYPE		h da	y before election		10th day after camp	naign treasurer
		July 15		•		termination	algir li cacaroi
			unof	t			
10	PERIOD	Month Day Year		Month	Day	Year	
	COVERED	10/27/2024 T	HRC	OUGH 2	L2/31/2024	1	
11	ELECTION	ELECTION DATE			N TYPE	_	
		Month Day Year	Prim	ary Runoff		XOther	
			Gene	ral Special		Semiannual	
		• •					
	GO TO PAGE 2						
L For	ms provided by Tex	kas Ethics Commission www.e	thic	s.state.tx.us		Versior	1 V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

				(Ethics Commission Filers)
12 COMMITTEE NAME Southeast Texas Reput	blican Women		13 Filer ID 00085254	. , ,
-		A Currented D + Lt	00000204	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if			
	applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA	·		
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,733.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,435.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,404.66
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		I	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	accompanying report is d to be reported by me
		Ma Datrici		
		MS. Patricia Signature of Car	a A. Greene	irer
		Signature of Ca	npaign neasu	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

FORM GPAC COVER SHEET PG 3

3 of 16

17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Southeas	t Texas Republican Women	00085254	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,733.50
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 4,435.02
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 0.55

SUBTOTALS - GPAC

The Instru	iction Guide explains how to complete t	this form.	1 Total pages Schedule A1: Sch: 1/8 Rpt: 4/16	
2 FILER NAME		3 Filer ID (Ethics Commission Filer	rs)	
	exas Republican Women		00085254	13)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of Contribution (\$)	
11/13/2024			\$5	53.00
	6 Contributor address; City; State; Zip Code			
	Nederland, TX 77627			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Clerk		9 Employer (See Instructions	·) 	
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
11/25/2024			\$4	40.00
	Contributor address; City; State; Zip Code			
	Bridge City, TX 77611			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Homemaker	·			
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
11/25/2024			\$4	40.00
	Contributor address; City; State; Zip Code			
	Bridge City, TX 77611			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Homemaker				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
11/12/2024	Carr, Dina (Ms.)		\$2	26.50
	Contributor address; City; State; Zip Code			
Di dadaan	Beaumont, TX 77705		、 、	
	upation / Job title (See Instructions)	Employer (See Instructions	i)	
Retired				
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of Contribution (\$)	
12/04/2024	Carr, Dina (Ms.)		\$4	40.00
	Contributor address; City; State; Zip Code			
	Desument TV 7770E			
D in sizel asso	Beaumont, TX 77705		<u>`</u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
1				

2 FILER NAME 3 Filer ID (Ethics Commis 00085254) 3 Southeast Texas Republican Women 00085254	
	- ! = !!
Southeast Texas Republican Wollien 00065254	sion Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$ 11/18/2024 Cates, Norma (Ms.) 7	
	\$25.00
6 Contributor address; City; State; Zip Code	
Nederland, TX 77627	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/18/2024 Curl, Dotti (Ms.)	\$50.00
Contributor address; City; State; Zip Code	
Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
12/05/2024 Du Good Credit Union	\$5.00
Contributor address; City; State; Zip Code	
Nederland TV 77627	
Nederland, TX 77627 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$ 12/05/2024 Du Good Credit Union Initial Control of Contribution (\$	\$3,000.00
Contributor address; City; State; Zip Code	φ0,000.00
Continution address, City, State, Zip Code	
Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)
11/18/2024 Ebeling, Jeanene (Ms.)	\$50.00
Contributor address; City; State; Zip Code	
Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Bookkeeper	

	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/16
2	P FILER NAME			3 Filer ID (Ethics Commission Filers)
		exas Republican Women		00085254
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	11/25/2024	Ebeling, Jeanene (Ms.)		\$40.00
		6 Contributor address; City; State; Zip Code		
		Port Arthur, TX 77640		
8	Principal occu		9 Employer (See Instructions	<u></u>
Ľ	Bookkeeper			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/25/2024	Ebeling, Michael (Mr.)		\$25.00
		Contributor address; City; State; Zip Code		
		Port Arthur, TX 77640		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/08/2024	Elliott, Betty		\$26.50
		Contributor address; City; State; Zip Code		
		Nederland TV 77007		
	<u> </u>	Nederland, TX 77627		<u> </u>
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	6)
				1
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/25/2024	Elliott, Betty		\$25.00
		Contributor address; City; State; Zip Code		
		Nederland, TX 77627		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/25/2024	Elliott, Betty		\$25.00
		Contributor address; City; State; Zip Code		
		Nederland, TX 77627		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
	Retired			

	The Instru	ction Guide explains how to complete	e this form.		Total pages Schedule A1: Sch: 4/8 Rpt: 7/16	
2	2 FILER NAME			3	Filer ID (Ethics Commission	Filers)
		exas Republican Women			00085254	,
4	Date	5 Full name of contributor out-of-state PA	AC (ID#:)	7	Amount of Contribution (\$)	
	11/18/2024	Errington, Marie (Ms.)				\$25.00
		6 Contributor address; City; State; Zip Code				
		Port Arthur, TX 77642				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	l IS)		
	Retired			,		
	Date	Full name of contributor out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
	11/25/2024	Errington, Marie (Ms.)				\$40.00
		Contributor address; City; State; Zip Code				
		Port Arthur, TX 77642				
		pation / Job title (See Instructions)	Employer (See Instruction	is)		
	Retired					
	Date	Full name of contributor out-of-state P	AC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Estray, Elizabeth (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Nederland, TX 77627				
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Retired					
	Date	Full name of contributor out-of-state PA	AC (ID#:)		Amount of Contribution (\$)	
	11/25/2024	Garcia, Debra (Ms.)				\$40.00
		Contributor address; City; State; Zip Code				
		Oracia TV 77010				
	<u> </u>	Groves, TX 77619		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Self-Employ					
	Date	Full name of contributor 🔲 out-of-state P/	AC (ID#:)		Amount of Contribution (\$)	
	11/18/2024	Greene, Pat (Ms.)				\$25.00
		Contributor address; City; State; Zip Code				
		Decument TV 77705				
	Duin air 1	Beaumont, TX 77705	Freedow (O. J. J. 1			
		pation / Job title (See Instructions)	Employer (See Instruction	IS)		
	Retired					

The In	struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/16
2 FILER N	AME	3 Filer ID (Ethics Commission Filers)
	ast Texas Republican Women	00085254
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/18/2		\$20.00
	6 Contributor address; City; State; Zip Code	
	Beaumont, TX 77705	
8 Principa Retired	occupation / Job title (See Instructions) 9 Employer (See Instruction	15)
	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Date 12/05/2		Amount of Contribution (\$) \$40.00
12/05/2		+
	Contributor address; City; State; Zip Code	
	Beaumont, TX 77705	
Principa	occupation / Job title (See Instructions) Employer (See Instruction	
Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
Dale 11/18/2		\$100.00
11/10/2		φ100.00
	Contributor address; City; State; Zip Code	
	Pt. Arthur, TX 77642	
Principa	occupation / Job title (See Instructions) Employer (See Instruction	ן וא)
-		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/18/2		\$25.00
	Contributor address; City; State; Zip Code	
	Nederland, TX 77627	
Principa	occupation / Job title (See Instructions) Employer (See Instruction	ns)
Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/18/2		\$25.00
	Contributor address; City; State; Zip Code	
	Nederland, TX 77627	
Principa	occupation / Job title (See Instructions) Employer (See Instruction	is)
Retired		

	The Instru	ction Guide explains how to complete this	s form.		Total pages Schedule A1: Sch: 6/8 Rpt: 9/16	
2	FILER NAME			_	Filer ID (Ethics Commission	n Filers)
-	Southeast Texas Republican Women				00085254	
4	Date	5 Full name of contributor Out-of-state PAC (ID)#:)	7	Amount of Contribution (\$)	
	11/13/2024	Johnson, Stephanie (Ms.)				\$26.50
		6 Contributor address; City; State; Zip Code		"		
		Pott Arthur, TX 77642				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
		alist Legay.c.d.c.				
	Date	Full name of contributor 🛛 out-of-state PAC (ID	D#:)		Amount of Contribution (\$)	
	11/18/2024	Miller, Beverly (Ms.)				\$50.00
		Contributor address; City; State; Zip Code		"		
		Pt. Neches, TX 77651				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Housewife					
	Date	Full name of contributor 🔲 out-of-state PAC (ID)#:)	/	Amount of Contribution (\$)	
	11/18/2024	Poindexter, Debra (Ms.)				\$100.00
		Contributor address; City; State; Zip Code	,	"		
		Nederland, TX 77627	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID)#:)	'	Amount of Contribution (\$)	
	11/19/2024					\$450.00
		Contributor address; City; State; Zip Code				
		Nederland, TX 77627				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired			,		
⊨	Date	Full name of contributor Out-of-state PAC (ID)		Amount of Contribution (\$)	
	11/18/2024	Ramirez, Nancy (Ms.)				\$25.00
		Contributor address; City; State; Zip Code		.		
		Groves, TX 77619				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired					

The Instru	ction Guide explains how to complete th	his form.	1 Total pages Schedule A1: Sch: 7/8 Rpt: 10/16	
2 FILER NAME		3 Filer ID (Ethics Commission Filers	s)	
	exas Republican Women		00085254	-,
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)	
11/18/2024	Ransonette, Charolet (Ms.)		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Pt. Arthur, TX 77642			
	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
11/18/2024	Reid, Sherrie (Ms.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	Bridge City , TX 77611			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
11/18/2024	Smith, Chuck (Mr.)		\$2	25.00
	Contributor address; City; State; Zip Code			
	-			
	Pt. Neches, TX 77651			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
teacher				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
11/25/2024	Smith, Julia		\$4	40.00
	Contributor address; City; State; Zip Code			
	Port Neches, TX 77651			
-	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)	
11/18/2024	Watts, Jan		\$2	25.00
	Contributor address; City; State; Zip Code			
	Bridge City, TX 77611			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/8 Rpt: 11/16 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Southeast Texas Republican Women 00085254 4 Date Amount of Contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: 7 11/13/2024 \$53.00 Williamson, Kat (Dr.) 6 Contributor address; City; State; Zip Code Nederland, TX 77627 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 12/05/2024 \$53.00 Wright, Jay (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77302 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/4 Rpt: 12/16	Southeast Texas Republican Women 00085254					
4 Date 11/13/2024	5 Payee name 2023 Square, Inc.					
6 Amount (\$) \$6.17						
Expenditure from corporate funds	San Francisco, CA 94103					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Service Charge 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/09/2024	2023 Square, Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.84	1455 Market St. Suite 600					
Expenditure from corporate funds	San Francisco, CA 94103					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Credit Card Service Charge 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/25/2024	Carr, Dina (Ms.)					
Amount (\$) \$83.85	Payee address; City; State; Zip Code 2225 Stillwater Dr.					
Expenditure from corporate funds	Beaumont, TX 77705					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Google Account 					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:		2	Filer ID (Ethics Commission Filers)		
Sch: 2/4 Rpt: 13/16	Southeast Texas Republican Women	3	00085254		
4 Date	5 Payee name				
11/26/2024	Ebeling, Jeanene (Ms.)				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$108.24	2464 63rd St.				
Expenditure from corporate funds	Pt. Arthur, TX 77640				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) software		tside of Texas. Complete Schedule T. X, officeholder living expense P		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sou	ight	Office held		
Date	Payee name				
11/20/2024	Greene, Pat				
	· · · · · · · · · · · · · · · · · · ·	l			
Amount (\$) \$824.92	Payee address; City; State; Zip Co 4400 Morningstar Pl.	ae			
Expenditure from corporate funds	Beaumont, TX 77705				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		tside of Texas. Complete Schedule T. X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou H	ight	Office held		
Date	Payee name				
11/25/2024	MCT Credit Union				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$15.00	МСТ				
	P.O.Box 279				
Expenditure from corporate funds	Pt. Neches, TX 77651				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense te Charge		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITORE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Transportation E Travel in District Travel Out of Dis	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAMI				3 Filer ID	(Ethics Commission Filers)			
Sch: 3/4 Rpt: 14/16		- Fexas Republican V	/omen		00085254	``````````````````````````````````````			
4 Date	5 Payee name								
12/25/2024	MCT Credi	MCT Credit Union							
6 Amount (\$)	7 Payee addre	7 Payee address; City; State; Zip Code							
\$15.00	MCT								
	P.O.Box 27	P.O.Box 279							
Expenditure from corporate funds	Pt. Neches	TX 77651							
		17711001							
8 PURPOSE OF	(ee Categories listed at the to	o of this schedule)	(b) Description		alata Oshadada T			
EXPENDITURE	Fees				outside of Texas. Com n, TX, officeholder living				
				monthly serv		expense			
				monuny serv	ice charge				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office so	ught	Office he	2ld			
Date	Payee name								
11/25/2024	Nederland	Chamber of Comme	erce						
Amount (\$)	Payee addre	ss; City;	State; Zip C	ode					
.,	2	-	State, Zip C	oue					
\$35.00	1515 Bosto	n Ave.							
Expenditure from corporate funds	Nederland,	TX 77627							
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Float entry fee								
				,					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name	Office so	l ught	Office he	eld			
Date	Payee name								
11/19/2024	-	Debra (Ms.)							
		. ,							
Amount (\$)	Payee addre		State; Zip C	ode					
\$345.00	2306 Ave,	N							
Expenditure from corporate funds	Nederland,	TX 77627		·					
PURPOSE	(a) Category (S	ee Categories listed at the to	o of this schedule)	(b) Description					
OF EXPENDITURE	Donation				outside of Texas. Com n, TX, officeholder living r Control				
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office so	ught	Office he	eld			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political O Credit Card Payment	Fees Offi Food/Beverage Expense Pol - Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense tring Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1: 2	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 15/16	Southeast Texas Republican Women		00085254
4 Date 5 12/04/2024	5 Payee name SETXRW	·	
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zi P.O. Box 1071	p Code	
Expenditure from corporate funds	Nederland, TX 77627		
8 PURPOSE (OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Accounting/Banking	Check if travel outsi	de of Texas. Complete Schedule T. , officeholder living expense S
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office	e sought	Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form					ll pages Schedule K: I: 1/1 Rpt: 16/16	
2					ID (Ethics Commission File	ers)
		Southeast Texas Republican Women			85254	
4	Date 11/01/2024	 5 Name of person from whom amount is received MCT 6 Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$0.26
		Pt. Neches, TX 77651				
		7 Purpose for which amount is received Check if p	olitio	cal co	ontribution returned to filer	
	Date 12/01/2024	Name of person from whom amount is received MCT Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.29
		Pt. Neches, TX 77651				
		Purpose for which amount is received Check if p	olitio	cal co	ontribution returned to filer	