

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) 00016322	2 Total pages filed: 37
3 COMMITTEE NAME Ector County Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/08/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
			Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Julie	
		NICKNAME	LAST SUFFIX
			Adams
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 14537 Odessa, TX 79768		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(432)	664-3877	
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	THROUGH	Month Day Year
	07/01/2024		12/31/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Ector County Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00016322
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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)	\$ 9,880.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,308.73
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.

Ms. Julie Adams

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME Ector County Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00016322
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,880.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 8,957.58
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: 1/22 Rpt: 4/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) ASSISTANT EX. DIRECTOR		9 Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERRYHILL, KATHY Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) MEDICAL SALES		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERRYHILL, KATHY Contributor address; City; State; Zip Code ODESSA, TX 79765	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MEDICAL SALES		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOWLING, ALLY Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) PROPERTY MGMT		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JET Contributor address; City; State; Zip Code GARDENDALE, TX 79758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Gardendale, TX 79758	
8 Principal occupation / Job title (See Instructions) County Attorney		9 Employer (See Instructions) Ector County
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Melissa (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Mortgage Loan Officer		Employer (See Instructions) Bank
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, B.J. (Miss)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Private Practice
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, SHELLY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code GARDENDALE, TX 79758	
Principal occupation / Job title (See Instructions) BDD		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Odessa, TX 79761	
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: 3/22 Rpt: 6/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUGGER, CHARLES	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code ODESSA, TX 79764	
8 Principal occupation / Job title (See Instructions) OFFICE MANAGER		9 Employer (See Instructions)
Date 10/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUGGER, KIMBERLY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79764	
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick, Donna	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASLEY, SARA	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79763	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ECTOR COUNTY REPUBLICAN PARTY	Amount of Contribution (\$) \$780.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmom, Theresa (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79765	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Higginbottan Edgmon Ins
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgmon, Tim (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Higginbottan Edgmon Ins
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Gerald (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Estimator		Employer (See Instructions) interstate treating
Date 09/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuentes, Marco (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Exec Asst		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.) <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79761-0000	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Barber		9 Employer (See Instructions)
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Heather (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79768	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, LINDA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79764	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) INSURANCE BROKER		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, ELIZABETH <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) GRANT WRITER		Employer (See Instructions)
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, JOHN <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, AMY <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79762	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, AMY <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, CAL <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, CAL <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, KLATA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ACCOUNT MGR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGHTOWER, DEBBIE <hr/> 6 Contributor address; City; State; Zip Code MIDLAND, TX 79707	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOGGARD, STEPHANIE <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.) <hr/> Contributor address; City; State; Zip Code Gardendale, TX 79758	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) School Board		Employer (See Instructions) Self Employes
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Debi (Judge) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79764-1203	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Ector County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Brooke (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code ODESSA, TX 79762	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ector Co DA Office
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Sherry (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Midland, TX 79711	
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) none
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, GAIL	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GARY	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, LAURIE	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) NON-PROFIT EXECUTIVE		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, REBECCA <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79764	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrell, Pam (Mrs.) <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, RHONDA <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$20.00
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: 10/22 Rpt: 13/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 07/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANCE, JENNIFER	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code ODESSA, TX 79762		
8 Principal occupation / Job title (See Instructions) OFFICE MANAGER		9 Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARSON, MACKENZIE	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) ASSOCIATE		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, ANN	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) VOLUNTEER		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, RONNIE	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOGAN, BECKY HEALD	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
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: 11/22 Rpt: 14/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Beverly (Mrs.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Odessa, TX 79761-3429		
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) self employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Brooks (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79762		
Principal occupation / Job title (See Instructions) Tx State Representative		Employer (See Instructions) State of Texas
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, John (Mr.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79761-3429		
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, Shelby (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79762		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Melanie	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Odessa, TX 79765		
Principal occupation / Job title (See Instructions) Adminstrator Medical Practice		Employer (See Instructions) Dr Charles Lively

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas , Martha (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) Nurse / Professor		9 Employer (See Instructions) Midland College
Date 08/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTIN, TOM	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCCAIN, NANCY	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79764	
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOBLEY, TINA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTES, JESSICA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79765	
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Monica <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79706	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCrone, Elizabeth <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Diann (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, John <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeese, Deneisa <hr/> Contributor address; City; State; Zip Code Odessa, TX 79762	Amount of Contribution (\$) \$40.00
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: 14/22 Rpt: 17/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Cheyenne (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79765	
8 Principal occupation / Job title (See Instructions) Housewife		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Rachel (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) First Tier Construction
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabarrette, Jaye (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Wood Foundation
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
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: 15/22 Rpt: 18/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, Williams (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79765	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 08/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POWELL, BILLIE JEAN	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code GARDENDALE, TX 79758	
Principal occupation / Job title (See Instructions) SMALL BUSINESS OWNER		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Betty (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Cindy (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY, ANNETTE	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79762	
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: 16/22 Rpt: 19/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY, ANNETTE	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code ODESSA, TX 79762		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, ELFREDA (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHODES, TOMMY	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code ODESSA, TX 79762		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Carlos (Mr.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Betsy (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Odessa, TX 79762		
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Metal Specialties Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Dub (Mr.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79761	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nancy (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Business Owner
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHUSTER, JENNIFER	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code MAPLE GROVE, MN 55369	
Principal occupation / Job title (See Instructions) MANAGER		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, STEPHANIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code ODESSA, TX 79763	
Principal occupation / Job title (See Instructions) SHAWSHACK K9 TRAINER		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAW, STEPHANIE <hr/> 6 Contributor address; City; State; Zip Code ODESSA, TX 79763	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) SHAWSHACK K9 TRAINER		9 Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRAHAN, LISA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STRAHAN, LISA <hr/> Contributor address; City; State; Zip Code ODESSA, TX 79761	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donna <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$25.00
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: 19/22 Rpt: 22/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Donna <hr/> 6 Contributor address; City; State; Zip Code Odessa, TX 79761	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Margie (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Walter (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Marilyn (Mrs.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79763	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Payroll/Collections		Employer (See Instructions) Hughes Hot Shot Oilfield Srv.
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, V.J. (Mr.) <hr/> Contributor address; City; State; Zip Code Odessa, TX 79763	Amount of Contribution (\$) \$40.00
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: 20/22 Rpt: 23/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEAGUE, JOSSIE	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code ODESSA, TX 79763		
8 Principal occupation / Job title (See Instructions) HOMEMAKER		9 Employer (See Instructions)
Date 07/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TFRW	Amount of Contribution (\$) \$600.00
Contributor address; City; State; Zip Code AUSTIN, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teague, Shannon (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Odessa, TX 79763		
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) Hughes Hot Shot Srv
Date 07/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Rhonda (Mrs.)	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tidwell, Rhonda (Mrs.)	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Odessa, TX 79761		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) UNDERWOOD, ROYCE	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code ODESSA, TX 79761	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, REBECCA	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code ODESSA, TX 79763	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions)
Date 08/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLARREAL, REBECCA	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code ODESSA, TX 79763	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions)
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalen, Denn (Judge)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) ector county
Date 08/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalen, Denn (Judge)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Odessa, TX 79761	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) ector county

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Odessa, TX 79762	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Jim (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Midland, TX 79707	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Kathryn (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Midland, TX 79707	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 26/37

2 FILER NAME
Ector County Republican Women's Club

3 Filer ID (Ethics Commission Filers)
00016322

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

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

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 27/37
2 FILER NAME Ector County Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016322
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/17/2024	5 Payee name A-1 Sign Engravers INC	
6 Amount (\$) 237.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P O Box 2641 Midland, TX 79702	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) 19 BADGES
Date 07/01/2024	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 08/01/2024	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 09/01/2024	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/01/2024	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 11/01/2024	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 12/01/2024	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MGMT
Date 07/31/2024	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 99.45 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) REIMBURSE LEADERSHIP 3RD QTR BOARD MEETING SNACKS

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 08/15/2024	5 Payee name HURT, SHERRY	
6 Amount (\$) 104.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1117 SOUTH TRIP AVE. ODESSA, TX 79763	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) SPEAKER COSTS	(b) Description (See instructions regarding type of information required.) PLAQUE FOR DR. BARTLETT
Date 09/17/2024	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) GIFT CARD FOR JET BROWN, WINNER OF ICE CREAM COMPETITION
Date 09/17/2024	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 238.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) SPEAKER COSTS	(b) Description (See instructions regarding type of information required.) 9/17/24 VIP DINNER
Date 11/19/2024	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 517.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) SPEAKER COSTS	(b) Description (See instructions regarding type of information required.) HOTEL ROOM - TROY JACKSON

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/19/2024	5 Payee name Kelm, Donna (Mrs.)	
6 Amount (\$) 103.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 25 Kingsland Court Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) SPEAKER COSTS	(b) Description (See instructions regarding type of information required.) 11/19/24 VIP DINNER
Date 12/04/2024	Payee name MCM Elegante	
Amount (\$) 2,376.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) 2024 CHRISTMAS PARTY COSTS
Date 11/01/2024	Payee name MILLER, JILL	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7223 DONATELLO ODESSA, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) MEMBERSHIP DUES
Date 11/01/2024	Payee name MILLER, JILL	
Amount (\$) 3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7223 DONATELLO ODESSA, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) MEMBERSHIP DUES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/30/2024	5 Payee name Odessa Country Club	
6 Amount (\$) 272.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 7293 Club Dr Odessa, TX 79765	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) LUNCHEONS
Date 07/21/2024	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 08/21/2024	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 09/21/2024	Payee name Quickbooks/Intuit Inc	
Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/21/2024	5 Payee name Quickbooks/Intuit Inc	
6 Amount (\$) 63.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 11/21/2024	Payee name Quickbooks/Intuit Inc	
Amount (\$) 69.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 12/21/2024	Payee name Quickbooks/Intuit Inc	
Amount (\$) 69.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) MONTHLY QB FEES
Date 09/07/2024	Payee name SAMS CLUB	
Amount (\$) 1,526.80 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4320 JBS PKWY ODESSA, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) CARING FOR AMERICA

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 7/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/06/2024	5 Payee name Squareup.com	
6 Amount (\$) 138.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) CC FEES
Date 12/17/2024	Payee name TFRW	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 10 MEMBERS - SUBMISSION #1
Date 12/17/2024	Payee name TFRW	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2025 CLUB FEE
Date 12/17/2024	Payee name TFRW	
Amount (\$) 3.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 10 MEMBERS

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 8/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/17/2024	5 Payee name TFRW	
6 Amount (\$) 0.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) 2025 CLUB FEE
Date 07/01/2024	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App
Date 08/01/2024	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App
Date 09/01/2024	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 9/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/01/2024	5 Payee name Textedly App	
6 Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App
Date 11/01/2024	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App
Date 11/04/2024	Payee name Textedly App	
Amount (\$) 1,188.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App
Date 12/01/2024	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly App

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 10/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/15/2024	5 Payee name WIX.COM	
6 Amount (\$) 311.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P O Box 40190 San Francisco, CA 94104	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WIX.COM