GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00081339					2 Total pages filed: 43	
3	COMMITTEE NAME				T	OFFICE USE ONLY	
	Lost Pines Republ	ican Women			Ļ		
						Date Received ELECTRONICALLY FILED 01/12/2025	
Ļ	001047755				4	0111212023	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI	ιΥ;	STATE; ZIP CODE			
		PO Box 575			Ī	Date Hand-delivered or Date Postmarked	
	Change of Address						
		Bastrop, TX 78602			F	Receipt # Amount	
					Ĩ	Date Processed	
					ŀ	Data Imaged	
						Date Imaged	
5	CAMPAIGN	MS/MRS/MR FIRST			N	11	
	TREASURER	Mrs. Kaye					
	NAME	-9-					
		NICKNAME LAST			S	UFFIX	
		Leidy			0		
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY	·:	STATE; ZIP CODE	
ľ	TREASURER	1145 FM 812		,	,	, CODE	
	STREET ADDRESS						
	(Residence or Business)	Cedar Creek, TX 78612					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CIT	٠v	STATE; ZIP CODE	
ľ	TREASURER			AFT/JUILE#, CII	ι,	STATE, ZIF CODE	
	MAILING ADDRESS	1145 FM 812					
	Change of Address	Cedar Creek, TX 78612					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	FENSION			
	TREASURER PHONE	(512) 308-8237					
9		X January 15 3	Oth c	lay before election	٦	Dissolution (Attach PAC-DR)	
	TYPE		h da	xy before election	Ξ	10th day after campaign treasurer	
		July 15		Ľ		termination	
			uno	f			
10	PERIOD	Month Day Year		Month Day		Year	
	COVERED	07/01/2024 T	HRO	DUGH 12/31/20	24		
11	ELECTION	ELECTION DATE		ELECTION TYPE			
		Month Day Year	Prim	ary Runoff		Other	
			Sene	eral Special			
	I						
	GO TO PAGE 2						
For	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2						

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Lost Pines Republican	Women		000813	39				
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported						
(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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00				
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	23,231.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00				
	4. TOTAL POLITICA	L EXPENDITURES	\$	22,782.07				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	21,580.51				
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00				
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.						
		Mrs. Ka	ye Leidy					
	npaign Trea	asurer						
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 ac	Iministering oath	Printed name of officer administering oath	Title of c	fficer administering oath				
Forms provided by Texas E	ms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2							

FORM GPAC COVER SHEET PG 3 3 of 43

7 COMMITTEE NAME 18 Filer ID (E					
-	00081339				
		SUBTOTAL AMOUNT			
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 21,291.00			
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,940.00			
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$			
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$			
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$			
SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$			
SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
SCHEDULE E: LOANS		\$			
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 22,782.07			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	\$			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORG ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORG SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR OR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OR SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR OR SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	E SUBTOTALS SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: ENON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

SUBTOTALS - GPAC

	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/43
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		Republican Women		00081339
4	Date	5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	10/01/2024	Alexander, Charitty		\$45.00
		6 Contributor address; City; State; Zip Code		1
		Smithville, TX 78957		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Realtor		self	
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	11/12/2024	Alexander, Charitty		\$100.00
		Contributor address; City; State; Zip Code		1
		Smithville, TX 78957		
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Realtor		self	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	09/19/2024	Alexander, Charitty (Mrs.)		\$40.00
		Contributor address; City; State; Zip Code		1
		Smithville, TX 78957	<u>(</u>	
		upation / Job title (See Instructions)	Employer (See Instructions	s)
	Realtor		self	·
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	10/07/2024	Alexander, Charitty (Mrs.)		\$80.00
		Contributor address; City; State; Zip Code		
		Smithville, TX 78957		
	Dringinal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	~
	Realtor		self	5)
╞				
	Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
	10/21/2024	Alexander, Charitty (Mrs.)		\$30.00
		Contributor address; City; State; Zip Code		
		Smithville, TX 78957		
┝	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	~
	Realtor		self	5)
┝	Neultoi		501	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/22 Rpt: 5/43	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Republican Women			00081339	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	11/19/2024	Alexander, Charitty (Mrs.)				\$75.00
		6 Contributor address; City; State; Zip Code		1		
		Smithville, TX 78957				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Realtor		self			
	Date	Full name of contributor out-of-state PAC (ID#:)	Ι	Amount of Contribution (\$)	
	12/09/2024	Alexander, Charitty (Mrs.)				\$35.00
				1		
		Smithville, TX 78957				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Realtor	,	Self	-,		
-	Date	Full name of contributor out-of-state PAC (ID#:		Т	Amount of Contribution (\$)	
)		Amount of Contribution (\$)	<u>ቀ</u> ንባ በበ
	10/18/2024					\$20.00
		Contributor address; City; State; Zip Code				
		Bastrop, TX 78602	· · · · · · · · · · · · · · · · · · ·			
	Principal occu	<pre>ipation / Job title (See Instructions)</pre>	Employer (See Instructions	s)		
				-		
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/30/2024	Bastrop County Republican Party				\$962.00
		Contributor address; City; State; Zip Code		1		
		Bastrop, TX 78602				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	12/03/2024	Bastrop County Republican Party			· -	\$570.00
		Contributor address; City; State; Zip Code		·		• -
		Contributor address, City, State, Zip Couc				
		Bastrop, TX 78602				
	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Phillipai occu			5)		
<u> </u>						

	1 Total pages Cabadula A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/43
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Lost Pines Republican Women	00081339
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/14/2024 Bezner, Jennifer (Mrs.)	\$600.00
6 Contributor address; City; State; Zip Code	
Smithville, TX 78957	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	,
Director Bastrop Pregnancy Re	Resource Center
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/07/2024 Bezner, Jennifer (Mrs.)	\$35.00
Contributor address; City; State; Zip Code	
Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Employer (See Instruction	
Director Bastrop Pregnancy Re	Resource Center
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	#00.00
12/16/2024 Bezner, Jennifer (Mrs.)	\$80.00
12/16/2024 Bezner, Jennifer (Mrs.) Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Smithville, TX 78957	
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Contributor address; City; State; Zip Code Smithville, TX 78957	ons) Resource Center
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor Out-of-state PAC (ID#:)	ons) Resource Center Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.)	ons) Resource Center
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor Out-of-state PAC (ID#:)	ons) Resource Center Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.)	ons) Resource Center Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor Og/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code	ons) Resource Center Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612	 exesource Center Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	 exesource Center Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec	ans) Resource Center Amount of Contribution (\$) \$20.00 \$20.00 ons)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#: ARC Home Loans	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#: ARC Home Loans Date Full name of contributor Out-of-state PAC (ID#: Og/28/2024	 Amount of Contribution (\$) \$20.00 \$20.00 ons)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#: ARC Home Loans	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#: ARC Home Loans Date Full name of contributor Out-of-state PAC (ID#: Og/28/2024	Amount of Contribution (\$) Amount of Contribution (\$) Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#:) Bradford, Jessica (Mrs.) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Oy/28/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code	ons) Resource Center Amount of Contribution (\$) \$20.00 ons) Amount of Contribution (\$)
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor out-of-state PAC (ID#:) 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor out-of-state PAC (ID#:) Date Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Cedar Creek, TX 78612 Cedar Creek, TX 78612	Amount of Contribution (\$) \$20.00 \$20.00 ons) \$20.00 \$23.00
Contributor address; City; State; Zip Code Smithville, TX 78957 Principal occupation / Job title (See Instructions) Director Date Full name of contributor 09/19/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Sr. Account Exec Date Full name of contributor Out-of-state PAC (ID#:) Bradford, Jessica (Mrs.) Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Sr. Account Exec Date Full name of contributor Oy/28/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$20.00 \$20.00 ons) \$20.00 \$23.00

6 Contributor address; City; State; Zip Code 2 Cedar Creek, TX 78612 8 Principal occupation / Job title (See Instructions) Senior Account Executive 9 Employer (See Instructions) ARC Loans Date Full name of contributor out-of-state PAC (IDF;	The Instruction Guide explains how to complete this form. Sch: 4/22 Rpt: 7/43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lost Pines Republican Women 3 Filer ID (Ethics Commission Filers) 10/07/2024 5 Full name of contributor out-of-state PAC (ID): 7 10/07/2024 6 Contributor address; City; State; Zip Code 7 Amount of Contribution (\$) 8 Principal occupation / Job tite (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) 9 Date Full name of contributor out-of-state PAC (ID): Amount of Contribution (\$) 10/22/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (\$) 9 Principal occupation / Job tite (See Instructions) Regregation (See Instructions) Amount of Contribution (\$) 9 Senior Account Executive ARC Loans Amount of Contribution (\$) S20.00 10/28/2024 Full name of contributor out-of-state PAC (ID): Amount of Contribution (\$) S20.00 10/28/2024 Bradford, Jessica (Mrs.) Contributor address; City, State; Zip Code Amount of Contribution (\$) S20.00 10/28/2024 Full name					
Lost Pines Republican Women 00081339 4 Date 10/07/2024 5 Full name of contributor Bradford, Jessica (Mrs.) 0ut-of-state PAC (DF:) 7 Amount of Contribution (\$) 5 Contributor address; City; State; Zip Code 5 State: Zi	Lost Pines Republican Women 00081339 4 Date 5 Full name of contribution [] out-of-state PAC (D#	The Instruc	ction Guide explains how to complete this f	form.		
Lost Pines Republican Women 00081339 4 Date 10/07/2024 \$ Full name of contributor out-of-state PAC (IDF:) ? Amount of Contribution (\$) Bradford, Jessica (Mrs.) \$ 35. 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 9 Employer (See Instructions) ARC Loans ? Amount of Contribution (\$) Bradford, Jessica (Mrs.) ? Amount of Contribution (\$) Bradford, Jessica (Mrs.) Date 10/22/2024 Full name of contributor out-of-state PAC (IDF:	Lost Pines Republican Women 00081339 4 Date 5 Full name of contribution [] out-of-state PAC (D#	2 FILER NAME			3 Filer ID (Ethics Commission Filers	3)
10/07/2024 Bradford, Jessica (Mrs.) S35. 6 Contributor address: City: State: Zip Code ARC Loans 7 Principal occupation / Job title (See Instructions) ARC Loans 7 Participal occupation / Job title (See Instructions) ARC Loans 7 Participal occupation / Job title (See Instructions) ARC Loans 7 Participal occupation / Job title (See Instructions) Arrount of Contribution (\$) 7 Date Full name of contributor Out-of-state PAC (DE: Arrount of Contribution (\$) 7 Contributor address; City: State: Zip Code Arrount of Contribution (\$) S50. 7 Contributor address; City: State: Zip Code Arrount of Contribution (\$) S20. 7 Bradford, Jessica (Mrs.) Contributor address; City: State: Zip Code Arrount of Contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Arrount of Contribution (\$) 9 Full name of contributor Out-of-state PAC (DE: Arrount of Contribution (\$) 9 Contributor address; City: State: Zip Code Arrount of Contribution (\$) 10/28/2024 Full name of contributor Out-of-state PAC (DE: Arroun	10/07/2024 Bradford, Jessica (Mrs.) \$35.00 6 Contributor address; City; State; Zip Code \$35.00 7 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Are Loans Amount of Contributor address; City; State; Zip Code Amount of Contribution (\$) 9 Employer (See Instructions) Amount of Contribution (\$) 9 Employer (See Instructions) S50.00 9 Contributor address; City; State; Zip Code Amount of Contribution (\$) 9 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 9 Ford name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 10/28/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 12/04/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 12/04/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$) 12/04/2024 Full name of contributor out-of-state PAC (IDI: Amount of Contribution (\$)					,
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6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Senior Account Executive Pate Date Full name of contributor out-of-state PAC (IDE:	6 Centributor address; City; State; Zip Code 2 Cedar Creek, TX 78612 3 Employed occupation / Job title (See Instructions) 3 Full name of contributor 10/22/2024 Full name of contributor 01/22/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Senior Account Executive Amount of Contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (D#	10/07/2024			\$35	5.00
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12/04/2024 Bradford, Jessica (Mrs.) \$35. Contributor address; City; State; Zip Code \$35. Cedar Creek, TX 78612 Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor	12/04/2024 Bradford, Jessica (Mrs.) \$35.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Bradford, Jessica (Mrs.) Amount of Contribution (\$) 12/06/2024 Fudford, Jessica (Mrs.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Cedar Creek, TX 78612 Funcipal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	Senior Accou	unt Executive	ARC Loans		
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Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Senior Account Executive Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code Amount of Contribution (\$) Cedar Creek, TX 78612 Full code Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	12/04/2024			\$35	5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code \$75.00 Cedar Creek, TX 78612 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code \$75.00 Cedar Creek, TX 78612 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code Image: Contributor address; City; State; Zip Code	Principal occupation / Job title (See Instructions) Employer (See Instructions) Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) 12/06/2024 Bradford, Jessica (Mrs.) Contributor address; City; State; Zip Code \$75.00 Cedar Creek, TX 78612 Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code For the second sec	Senior Account Executive ARC Loans Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75.00 Contributor address; City; State; Zip Code Contributor address; City; State; Zip Code \$75.00 Cedar Creek, TX 78612 Employer (See Instructions) Employer (See Instructions)		Cedar Creek, TX 78612			
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code \$75.	Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 12/06/2024 Bradford, Jessica (Mrs.) \$75.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code	12/06/2024 Bradford, Jessica (Mrs.) \$75.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Senior Accou	unt Executive	ARC Loans		
12/06/2024 Bradford, Jessica (Mrs.) \$75. Contributor address; City; State; Zip Code \$75.	12/06/2024 Bradford, Jessica (Mrs.) \$75.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)					5.00
	Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Cedar Creek, TX 78612	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Continuation address, City, State, Zip Code			
Cedar Creek, TX 78612	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Cadar Creak TX 78612			
Employer (Cool Instructione)		Dringing ago				
	Senior Account Executive				•)	
Senior Account Executive ARC Loans		Senior Accou	unt Executive	ARC Loans		

The Instruction Guide explains how to complete this form.	
The instruction Guide explains now to complete this form.	L Total pages Schedule A1: Sch: 5/22 Rpt: 8/43
2 FILER NAME 3	B Filer ID (Ethics Commission Filers)
Lost Pines Republican Women	00081339
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7	7 Amount of Contribution (\$)
12/09/2024 Bradford, Jessica (Mrs.)	\$40.00
6 Contributor address; City; State; Zip Code	
Cedar Creek, TX 78612	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Senior Account Executive ARC Loans	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/16/2024 Bradford, Jessica (Mrs.)	\$80.00
Contributor address; City; State; Zip Code	• -
Contributor address, City, State, Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Senior Account Executive ARC Loans	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/28/2024 Crabtree, Susan (Ms.)	\$30.00
Contributor address; City; State; Zip Code	
Paige, TX 78659	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2024 Crabtree, Susan (Ms.)	\$30.00
Contributor address; City; State; Zip Code	
Paige, TX 78659	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/15/2024 Crabtree, Susan (Ms.)	\$100.00
Contributor address; City; State; Zip Code	
Paige, TX 78659	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

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	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/43	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
		Republican Women			00081339	,
4	Date	5 Full name of contributor out-of-state PAC (ID	#:)	7	Amount of Contribution (\$)	
	12/05/2024	Crabtree, Susan (Ms.)				\$75.00
		6 Contributor address; City; State; Zip Code				
		Paige, TX 78659				
	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u>ا</u>		
ľ	Retired		Retired	3)		
⊨	Date	Full name of contributor Out-of-state PAC (ID		Τ	Amount of Contribution (\$)	
	12/30/2024	Donors, Various under \$220	π)			\$7,482.00
				·		+1,102100
		Bastrop, TX 78602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
F	Date	Full name of contributor out-of-state PAC (ID	#:)		Amount of Contribution (\$)	
	10/05/2024	Kocian, Kristin (Mrs.)				\$35.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RN		Genex Services			
	Date		#:)		Amount of Contribution (\$)	
	10/18/2024	Kocian, Kristin (Mrs.)				\$20.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>।</u> ९)		
	RN		Genex Services	0)		
⊨	Date	Full name of contributor Out-of-state PAC (ID	<u> </u>	Т	Amount of Contribution (\$)	
	10/22/2024	Kocian, Kristin (Mrs.)	#)			\$40.00
		Contributor address; City; State; Zip Code				+.0100
		Cedar Creek, TX 78612				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	RN		Genex Services			

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/43	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Republican Women		00081339	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
10/25/2024	Kocian, Kristin (Mrs.)			\$85.00
	6 Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
	upation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
RN		Genex Services		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/15/2024	Kocian, Kristin (Mrs.)			\$75.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)	
RN		Genex Services		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/09/2024	Kocian, Kristin (Mrs.)			\$10.00
	Cedar Creek, TX 78612			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
RN		Genex Services		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
08/20/2024	Leidy, Kaye (Mrs.)			\$23.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
08/26/2024	Leidy, Kaye (Mrs.)		.,	\$23.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions) ;)	
retired	•	retired	,	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/43
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Lost Pines Republican Women	00081339
4 Date 5 Full name of contributor Out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/14/2024 Leidy, Kaye (Mrs.)	\$70.00
6 Contributor address; City; State; Zip Code	1
Cedar Creek, TX 78612	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	s)
retired retired	<i>(</i>
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/28/2024 Leidy, Kaye (Mrs.)	\$30.00
Contributor address; City; State; Zip Code	1
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instructions	3)
retired retired	.
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2024 Leidy, Kaye (Mrs.)	\$30.00
Contributor address; City; State; Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
retired retired	<i>>)</i>
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/01/2024 Leidy, Kaye (Mrs.)	\$23.00
Contributor address; City; State; Zip Code	+L0.00
Cultinului address, City, State, Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instructions	s)
retired retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/07/2024 Leidy, Kaye (Mrs.)	\$35.00
Contributor address; City; State; Zip Code	1
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instructions	5)
retired retired	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 12/43	
2	FILER NAME			3	Filer ID (Ethics Commission	ו Filers)
-		Republican Women		 _	00081339	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	10/22/2024	Leidy, Kaye (Mrs.)				\$55.00
		6 Contributor address; City; State; Zip Code		·		
		Cedar Creek, TX 78612				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>റ</u>		
	retired		retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:)	T	Amount of Contribution (\$)	
	10/25/2024	Leidy, Kaye (Mrs.)				\$95.00
				·		
		CEDAR CREEK, TX 78612				
⊢	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions			
		pation / Job lille (See instructions)	retired	5)		
	retired		leureu			
	Date	Full name of contributor out-of-state PAC (ID#:)]	Amount of Contribution (\$)	
	11/12/2024	Leidy, Kaye (Mrs.)				\$75.00
		Contributor address; City; State; Zip Code		1		
		CEDAR CREEK, TX 78612				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>-</u> s)		
	retired		retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	12/09/2024	Leidy, Kaye (Mrs.)	/		Allount of Contribution (*)	\$100.00
	12/03/202-1					Φ100.00
		Contributor address; City; State; Zip Code				
		CEDAR CREEK, TX 78612				
\vdash	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	retired		retired			
⊨	Data	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	—	Amount of Contribution (¢)	
	Date)		Amount of Contribution (\$)	¢20.00
	12/09/2024	Leidy, Kaye (Mrs.)				\$20.00
		Contributor address; City; State; Zip Code				
L		CEDAR CREEK, TX 78612				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/43	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		Republican Women		ľ	00081339	,
	Date 11/01/2024	5 Full name of contributor out-of-state PAC (ID#: Leidy, Kaye (Mrs.))	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; State; Zip Code				
		CEDAR CREEK, TX 78612				
Q	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>)</u>		
	retired		retired	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/01/2024	Loucks, Donald (Mr.)				\$23.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/30/2024	Loucks, Donald (Mr.)				\$605.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
	Principal occu retired	upation / Job title (See Instructions)	Employer (See Instructions retired	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	11/26/2024	Loucks, Donald (Mr.)				\$75.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date	Full name of contributor out-of-state PAC (ID#:)	Ī	Amount of Contribution (\$)	
	12/03/2024	Loucks, Donald (Mr.)				\$100.00
		Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			

The Instru	ction Guide explains how to complete this f	jorm.	1 Total pages Schedule A1:	
	· · ·		Sch: 11/22 Rpt: 14/43	
2 FILER NAME Lost Pines R	Republican Women		3 Filer ID (Ethics Commissio 00081339	n Filers)
4 Date 12/05/2024	5 Full name of contributor out-of-state PAC (ID#: Loucks, Donald (Mr.))	7 Amount of Contribution (\$)	\$170.00
	6 Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions) Retired	;)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/16/2024	Loucks, Donald (Mr.)			\$20.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	\$)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/16/2024	Loucks, Donald (Mr.)			\$90.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u> 3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/07/2024	Loucks, Donald (Mr.)			\$90.00
	Contributor address; City; State; Zip Code		1	
	Cedar Creek, TX 78612			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>)</u>	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/03/2024	McCaul for Congress			\$1,000.00
	Contributor address; City; State; Zip Code			
D in single and	Austin, TX 78701		<u> </u>	
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	;)	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/43
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
		epublican Women		00081339
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
	09/11/2024	Normoyle, Jutta (Mrs.)		\$55.00
		6 Contributor address; City; State; Zip Code		
		Bastrop, TX 78602		
8		pation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	retired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	10/18/2024	Normoyle, Jutta (Mrs.)		\$25.00
		Contributor address; City; State; Zip Code		
		Bastrop, TX 78602		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	is)
	retired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	11/22/2024	Normoyle, Jutta (Mrs.)		\$75.00
		Contributor address; City; State; Zip Code		
		Bastrop, TX 78602		
		pation / Job title (See Instructions)	Employer (See Instructions	ns)
	retired		retired	
	Date	Full name of contributor Dut-of-state PAC (ID#:_)	Amount of Contribution (\$)
	12/06/2024	Normoyle, Jutta (Mrs.)		\$100.00
		Contributor address; City; State; Zip Code		
		Bastrop, TX 78602		
		pation / Job title (See Instructions)	Employer (See Instructions	ns)
	retired		retired	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
	12/30/2024	Normoyle, Jutta (Mrs.)		\$20.00
		Contributor address; City; State; Zip Code		
		Bastrop, TX 78602		
		pation / Job title (See Instructions)	Employer (See Instructions	15)
	retired		retired	
I				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/43
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Republican Women		00081339
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/16/2024	Padilla, Marsha (Mrs.)		\$70.0
	6 Contributor address; City; State; Zip Code		1
	Bastrop, TX 78602	1 <u>-</u>	
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	;)
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2024	Padilla, Marsha (Mrs.)	/	\$90.0
	Bastrop, TX 78602		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>۲</u> ۱)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/21/2024	Padilla, Marsha (Mrs.)		\$60.0
	Contributor address; City; State; Zip Code		
	Bastrop, TX 78602		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/23/2024	Padilla, Marsha (Mrs.)		\$20.0
	Contributor address; City; State; Zip Code		
	Bastrop, TX 78602		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	,, ,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/27/2024	Padilla, Marsha (Mrs.)	/	\$50.0
	Contributor address; City; State; Zip Code		•
	Bastrop, TX 78602		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

6 Contributor address; City, State; Zip Code 7 Cedar Creek, TX 78612 8 Principal occupation / Job title (See Instructions) retired 9 Employer (See Instructions) retired 9 Pate 9 Full name of contributor □ out-of-state PAC (ID#□ 09/14/2024 Powell, Charlton (Mr.) 2 Codar Creek, TX 78612 2 Cedar Creek, TX 78612 2 Cedar Creek, TX 78612 3 Employer (See Instructions) retired 7 Powell, Charlton (Mr.) 2 Cedar Creek, TX 78612 10/15/2024 Full name of contributor □ out-of-state PAC (ID#□ 10/15/2024 Full name of contributor □ out-of-state PAC (ID#□ 2 Cedar Creek, TX 78612 3 Powell, Charlton (Mr.) 2 Cedar Creek, TX 78612 4 Full name of contributor □ out-of-state PAC (ID#□ 10/15/2024 Full name of contributor □ out-of-state PAC (ID#□ 10/22/2024 Full name of contributor □ out-of-state PAC (ID#□ 10/22/2024 Full name of contributor □ out-of-state PAC (ID#□ 10/22/2024 Full name of contributor □ out-of-state PAC (ID#□	The Instruction Guide explains how to complete this form. Sch: 14/22 Rpi: 17/43 2 FILER NAME 3 Filer ID08 [13:39] 4 Date 9 Filer Commission Filers) 09/14/2024 5 Full name of contribution					
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11/25/2024 Rees, Carl (Mr.) \$70.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	11/25/2024 Rees, Carl (Mr.) \$70.00 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Contributor address; City; State; Zip Code Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions))	Amount of Contribution (\$)	ቀጋባ ባባ
Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Cedar Creek, TX 78612 Principal occupation / Job title (See Instructions) Employer (See Instructions)	11/25/2024				\$70.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupation / Job title (See Instructions) Employer (See Instructions)		Cedar Creek. TX 78612			
		Principal occu		Employer (See Instructions))	
				,)	

The Instruction	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/43
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Lost Pines Repu	ublican Women		00081339
4 Date 5	Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/09/2024	Rees, Carl (Mr.)		\$350.0
6	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612	<u> </u>	
	tion / Job title (See Instructions)	9 Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/09/2024	Rees, Joyce (Mrs.)		\$23.0
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
Principal occupati	tion / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
09/14/2024	Rees, Joyce (Mrs.)		\$20.0
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
	tion / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/30/2024	Rees, Joyce (Mrs.)		\$20.0
	Contributor address; City; State; Zip Code		
1			
	Cedar Creek, TX 78612	<u> </u>	
	tion / Job title (See Instructions)	Employer (See Instructions))
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/25/2024	Rees, Joyce (Mrs.)		\$60.0
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
Principal occupati	tion / Job title (See Instructions)	Employer (See Instructions))
۹		1	
Retired		Retired	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 19/43	
2	FILER NAME			3	Filer ID (Ethics Commission) Filers)
		Republican Women			00081339	
4	Date	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	
	12/09/2024	Rees, Joyce (Mrs.)				\$90.00
		6 Contributor address; City; State; Zip Code				
		Cedar Creek, TX 78612				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/09/2024	Rees, Joyce (Mrs.)				\$20.00
		Contributor address; City; State; Zip Code		1		
		Cedar Creek, TX 78612				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/18/2024	Shirk, Lynn (Mrs.)				\$50.00
		Contributor address; City; State; Zip Code				
		Bastrop, TX 78602				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	12/30/2024	Shirk, Lynn (Mrs.)				\$500.00
		Contributor address; City; State; Zip Code				
		Bastrop, TX 78602				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	retired		retired			
	Date	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/05/2024	Spencer, Carol (Mrs.)				\$46.00
		Contributor address; City; State; Zip Code				
⊢	<u> </u>	Cedar Creek, TX 78612		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	retired		retired			

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/43	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	Republican Women		00081339	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)	
09/19/2024	Spencer, Carol (Mrs.)			\$20.00
	6 Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
8 Principal occ	cupation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/19/2024				\$45.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
retired		retired		
Date)	Amount of Contribution (\$)	
09/19/2024				\$25.00
	Contributor address; City; State; Zip Code			
	Coder Crock TV 70610			
Dringingloog	Cedar Creek, TX 78612			
Principal occ retired	cupation / Job title (See Instructions)	Employer (See Instructions retired	;)	
			T	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	÷00.00
10/01/2024				\$23.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occ	Lupation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/15/2024	— —			400.00
	Contributor address; City; State; Zip Code			
	Cedar Creek, TX 78612			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	\$)	
retired		retired		

The Instr	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/43
2 FILER NAM	 E		3 Filer ID (Ethics Commission Filers)
	Republican Women		00081339
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
10/15/2024			\$50
	6 Contributor address; City; State; Zip Code		
	0-4 0 TV 70610		
Principal occ	Cedar Creek, TX 78612	Employor (See Instructions	
retired	cupation / Job title (See Instructions)	9 Employer (See Instructions retired	<i>i</i>)
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
10/22/2024			\$20.
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
retired		retired	<i>y</i>
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
11/12/2024		/	\$75.
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	3)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11/19/2024	Spencer, Carol (Mrs.)		\$100
	Contributor address; City; State; Zip Code		
	Cedar Creek, TX 78612		
	cupation / Job title (See Instructions)	Employer (See Instructions	;)
retired		retired	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
12/09/2024	Spencer, Carol (Mrs.)		\$200
	Contributor address; City; State; Zip Code		
	Coder Oracle TV 70610		
Dringinglogy	Cedar Creek, TX 78612		、 、
-	cupation / Job title (See Instructions)	Employer (See Instructions	•)
retired		retired	
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The Instr	ruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/43	
2 FILER NAM	 IE		3 Filer ID (Ethics Commission	Filers)
	Republican Women		00081339	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
12/09/2024				\$20.00
	6 Contributor address; City; State; Zip Code			
0 Dringingling	Cedar Creek, TX 78612	C Employer (See Instructions	\ \	
8 Principal oc retired	cupation / Job title (See Instructions)	9 Employer (See Instructions) retired		
Date	— —)	Amount of Contribution (\$)	#20.00
09/19/2024				\$20.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>	
Retired		Retired)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
10/16/2024		/		\$125.00
10/10/10				V120.0 0
	Bastrop, TX 78602			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
11/29/2024				\$200.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
	cupation / Job title (See Instructions)	Employer (See Instructions))	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/18/2024				\$100.00
	Contributor address; City; State; Zip Code			
	Poster TV 70602			
Dringingligg	Bastrop, TX 78602		\ \	
Principal oc retired	cupation / Job title (See Instructions)	Employer (See Instructions retired)	
reureu		reureu		

The Inst	ruction Guide explains how to comple	te this form.	1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/43
2 FILER NAM	 1E		3 Filer ID (Ethics Commission Filers)
	Republican Women		00081339
4 Date	5 Full name of contributor out-of-state	PAC (ID#:)	7 Amount of Contribution (\$)
09/11/202			\$350.00
	6 Contributor address; City; State; Zip Code		
	Bastrop, TX 78602		
8 Principal or	cupation / Job title (See Instructions)	9 Employer (See Instruction	
Pastor		self	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
07/05/202			\$400.00
01/00/202			
	Contributor address, City, State, Zip Code		
	Austin, TX 78717		
Principal o	cupation / Job title (See Instructions)	Employer (See Instruction	ls)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
08/23/202			\$1,000.00
	Contributor address; City; State; Zip Code		
	Augustica TV 70701		
Drincipal o	Austin, TX 78701	Employer (See Instruction	
			(5)
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
10/15/202			\$80.00
	Contributor address; City; State; Zip Code		
	Rosanky, TX 78953		
	ccupation / Job title (See Instructions)	Employer (See Instruction	ns)
Business	owner	Best Friends Kennel	
Date	Full name of contributor out-of-state	PAC (ID#:)	Amount of Contribution (\$)
10/30/202			\$10.00
	Contributor address; City; State; Zip Code		
	Rosankhy, TX 78953		
Principal o	cupation / Job title (See Instructions)	Employer (See Instruction	
Business		Best Friends Kennel	(5)

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/43
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Lost Pines Republican Women	00081339
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
12/09/2024 Thompson, Dawn (Mrs.)	\$1,000.00
6 Contributor address; City; State; Zip Code	
Rosankhy, TX 78953	
8Principal occupation / Job title (See Instructions)9Employer (See Instruction)	ons)
Business owner Best Friends Kennel	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/09/2024 Thompson, Dawn (Mrs.)	\$110.00
Contributor address; City; State; Zip Code	
Rosankhy, TX 78953	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Business owner Best Friends Kennel	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/19/2024 Tully, Anna Lee (Mrs.)	\$10.00
Contributor address; City; State; Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
retired retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/15/2024 Tully, Anna Lee (Mrs.)	\$20.00
Contributor address; City; State; Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
retired retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
10/17/2024 Tully, Anna Lee (Mrs.)	\$70.00
Contributor address; City; State; Zip Code	
Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
retired	

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/43	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
	Republican Women		00081339	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)	
10/30/2024	Tully, Anna Lee (Mrs.)			\$15.00
	6 Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
	pation / Job title (See Instructions)	9 Employer (See Instructions))	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/26/2024	Tully, Anna Lee (Mrs.)			\$75.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
12/03/2024	Tully, Anna Lee (Mrs.)		\$	\$100.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/16/2024	Tully, Anna Lee (Mrs.)		\$	\$110.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
·	pation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
12/17/2024	Tully, Anna Lee (Mrs.)			\$90.00
	Contributor address; City; State; Zip Code			
	Bastrop, TX 78602			
-	pation / Job title (See Instructions)	Employer (See Instructions))	
retired		retired		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/3 Rpt: 26/43	
2 FILER NAME Lost Pines Republican Women		Filer ID (Ethics Commission Filers) 00081339	
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 09/05/2024	 7 Contributor address; City; State; Zip Code)	8 Amount of 9 In-kind contribution contribution (\$) description \$30.00 Baked goods
	Cedar Creek, TX 78612	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
-	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
	ount Executive	ARC Loans	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	
Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Clark, Michelle (Ms.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$75.00 I Jewelry
	Bastrop, TX 78602		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICI Retired Retired		-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL		(FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		r's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Kafel, Henry (Mr.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$50.00 I table decorations
	Cedar Creek, TX 78612		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NOI Retired Retired		Employer (FOR NON Retired	-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL) Contributor's job		Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/3 Rpt: 27/43	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Lost Pines Republican Women		00081339	
⁴ TOTAL OF	⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/17/2024	5 Date 6 Full name of contributor out-of-state PAC (ID#:) 10/17/2024 Leidy, Kaye (Mrs.) 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$555.00 I Jewelry
	Cedar Creek, TX 78612		Check if travel outside of Texas. Complete Schedule T.
10 Principal occur retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON retired	-JUDICIAL) (See instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 10/17/2024	Full name of contributor out-of-state PAC (ID#: Leidy, Kaye (Mrs.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$200.00 I Olive wood crucifix with mother of pearl inlay
	CEDAR CREEK, TX 78612		I Check if travel outside of Texas. Complete Schedule T.
		Employer (FOR NON retired	
Contributor's principal occupation (FOR JUDICIAL) Contributor'		Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contri		Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Leidy, Kaye (Mrs.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$35.00 Goodies basket
	CEDAR CREEK, TX 78612		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON retired retired		Employer (FOR NON retired	-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL) Contr		Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 3/3 Rpt: 28/43
2 FILER NAME Lost Pines Republican Women		3 Filer ID (Ethics Commission Filers) 00081339	
⁴ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		UTIONS	\$
5 Date 09/05/2024	09/05/2024 Parachini, Chris (Mr.) 7 Contributor address; City; State; Zip Code		8 Amount of 9 In-kind contribution contribution (\$) description \$350.00 I Jewelry
10 Principal occu	Bastrop, TX 78602 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
Jeweler		self	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	r's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Rees, Joyce (Mrs.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$55.00 I Baked goods
	Cedar Creek, TX 78612		I Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON Retired Retired		Employer (FOR NON Retired	-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title		Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		r's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 09/28/2024	Full name of contributor out-of-state PAC (ID#: Spencer, Carol (Mrs.) Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$590.00 I Professional photo and baked good
	Cedar Creek, TX 78612		Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON retired retired retired		, 	
Contributor's principal occupation (FOR JUDICIAL) Contributor's jo		Contributor's job title	·
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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: 1/15 Rpt: 29/43	Lost Pines Republican Women 00081339		
4 Date 12/05/2024	5 Payee name 602 Brewery LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$650.00	919 Main Street		
Expenditure from corporate funds	Bastrop, TX 78602		
8 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 Food 		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/26/2024	Amazon.com		
Amount (\$) \$27.52	Payee address; City; State; Zip Code 440 Terry Ave. N.		
Expenditure from corporate funds	Seattle, WA 98108		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office overhead (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Misc office expense 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/26/2024	Amazon.com		
Amount (\$) \$36.74	Payee address; City; State; Zip Code 440 Terry Ave. N.		
Expenditure from corporate funds	Seattle, WA 98108		
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 Misc Office expense 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex 9 - Gift/Awards/Memorials Expense Printing E	bayment/Reimbursement Solicitation/Fundraising Expense verhead/Rental Expense Transportation Equipment & Related Expense xpense Travel in District Expense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/15 Rpt: 30/43	Lost Pines Republican Women	00081339	
4 Date	5 Payee name		
10/28/2024	Amazon.com		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$20.57	440 Terry Ave. N.		
Expenditure from corporate funds	Seattle, WA 98108		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Misc Office expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	Lught Office held	
Date	Payee name		
10/29/2024	Amazon.com		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$19.20	440 Terry Ave. N.		
Expenditure from corporate funds	Seattle, WA 98108		
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 Misc. office expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held	
Date	Payee name		
11/12/2024	Amazon.com		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$53.26	440 Terry Ave. N.		
Expenditure from corporate funds	Seattle, WA 98108		
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 Misc office expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held	

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: 3/15 Rpt: 31/43	Lost Pines Republican Women 00081339		
4 Date	5 Payee name		
10/15/2024	Aspen Designs		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$158.00	1510 Riverdale Dr		
Expenditure from corporate funds	Annapolis, MD 21403		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
	Check if Austin, TX, officeholder living expense Misc office expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/03/2024	Bastrop County Republican Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$538.87	433 Hwy 71 East		
Expenditure from corporate funds	Bastrop, TX 78602		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign signs 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/09/2024	Bastrop County Republican Party		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,200.00	433 Hwy 71 East		
Expenditure from corporate funds	Bastrop, TX 78602		
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing reimbursement 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		

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: 4/15 Rpt: 32/43	Lost Pines Republican Women 00081339		
4 Date	5 Payee name		
07/01/2024	Bastrop Guardian Storage		
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 3000 Hwy 71 West		
\$350.00	Sooo niwy /1 West		
Expenditure from corporate funds	Bastrop, TX 78602		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
	Check if Austin, TX, officeholder living expense Office rent		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/01/2024	Bastrop Guardian Storage		
Amount (\$)	Payee address; City; State; Zip Code		
\$350.00	3000 Hwy 71 West		
Expenditure from corporate funds	Bastrop, TX 78602		
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 Rent 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
09/01/2024	Bastrop Guardian Storage		
Amount (\$)	Payee address; City; State; Zip Code		
\$350.00	3000 Hwy 71 West		
Expenditure from corporate funds	Bastrop, TX 78602		
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 Rent 		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Giff/Awards/Memorials Expense Printing Expense Travel out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/15 Rpt: 33/43	Lost Pines Republican Women 00081339		
4 Date 10/01/2024	5 Payee name Bastrop Guardian Storage		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$350.00	3000 Hwy 71 West		
Expenditure from corporate funds	Bastrop, TX 78602		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/01/2024	Bastrop Guardian Storage		
Amount (\$)	Payee address; City; State; Zip Code		
\$350.00	3000 Hwy 71 West		
Expenditure from corporate funds	Bastrop, TX 78602		
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 Rent 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/01/2024	Bastrop Guardian Storage		
Amount (\$)	Payee address; City; State; Zip Code		
\$350.00	3000 Hwy 71 West		
Expenditure from corporate funds	Bastrop, TX 78602		
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 Rent 		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out O District Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 34/43	Lost Pines Republican Women 00081339
4 Date	5 Payee name
09/03/2024	Bastrop Pregnancy Resource Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.00	2207 Main St
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Sponsor fundraiser
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/08/2024	Bastrop Pregnancy Resource Center
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	2207 Main St
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsor fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/12/2024	Bastrop South Shore Park
Amount (\$)	Payee address; City; State; Zip Code
\$731.00	3700 Lake Austin Blvd
Expenditure from corporate funds	Austin, TX 78703
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 Venue Rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/15 Rpt: 35/43	Lost Pines Republican Women 00081339
4 Date	5 Payee name
09/26/2024	Brave Books
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$194.03	565 Hwy 96 West
Expenditure from corporate funds	Shoreview, MN 55126
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Subscription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	City of Bastrop
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	1311 Chestnut St
Expenditure from corporate funds	Bastrop, TX 78612
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 Venue fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/26/2024	Film Alley
Amount (\$)	Payee address; City; State; Zip Code
\$1,262.00	1600 Chestnut St
Expenditure from corporate funds	Bastrop, TX 78602
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 Venue rental
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 8/15 Rpt: 36/43	Lost Pines Republican Women 00081339
4 Date 09/12/2024	5 Payee name HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$42.76	Hwy 71
Expenditure from corporate funds	Bastrop, TX 78602
8 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 Food
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/04/2024	Home Depot
Amount (\$)	Payee address; City; State; Zip Code
\$81.16	Hwy 71
Expenditure from corporate funds	Bastrop, TX 78602
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 Repairs
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/05/2024	IHS Landscaping
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	P O Box 2055
Expenditure from corporate funds	Bastrop, TX 78602
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 Mowing
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gitt/Awards/Memorials Expense Printing Expense Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/15 Rpt: 37/43	Lost Pines Republican Women 00081339
4 Date 12/06/2024	5 Payee name Lake Bastrop South Shore Park
6 Amount (\$)	7 Payee address; City; State; Zip Code 375 South Shore Rd
\$100.00	375 South Shore Ru
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	entry fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/12/2024	Leo's Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$133.54	799 West Hwy 21
Expenditure from corporate funds	Cedar Creek, TX 78612
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
	Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2024	Leo's Restaurant
Amount (\$)	Payee address; City; State; Zip Code
\$141.19	799 West Hwy 21
Expenditure from corporate funds	Cedar Creek, TX 78612
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 Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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: 10/15 Rpt: 38/43	Lost Pines Republican Women 00081339
4 Date	5 Payee name
10/15/2024	Morning Star Publishing
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,712.44	159 Dickerson Lane
Expenditure from corporate funds	Elgin, TX 78621
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Morning Star Publishing
Amount (\$)	Payee address; City; State; Zip Code
\$2,512.44	159 Dickerson Lane
Expenditure from corporate funds	Elgin, TX 78621
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date	Payee name
10/03/2024	Morrow, Libia (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$480.00	750 Caylor Cove
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Translation services
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	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: 11/15 Rpt: 39/43	Lost Pines Republican Women 00081339
4 Date	5 Payee name
12/07/2024	National Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	124 N Alfred St
Expenditure from corporate funds	Alexandria, VA 22314
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Club fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Club fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2024	Pucek Power & Electric
Amount (\$)	Payee address; City; State; Zip Code
\$172.00	321 Wildcat Drive
+=-=:00	
Expenditure from corporate funds	Bastrop, TX 78602
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 Repairs
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/03/2024	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$127.02	9900 S. IH 35 Frontage
Expenditure from corporate funds	Austin, TX 78745
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 Food
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	nt Solicitation/Fundraising Expense e Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
-	Sch: 12/15 Rpt: 40/43	Lost Pines Republican Women	00081339
4	Date 10/09/2024	Payee name Spencer, Carol (Mrs.)	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,487.31	126 Brazos	
	Expenditure from corporate funds	Cedar Creek, TX 78612	
8	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense ement for postage expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/31/2024	Squareup.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$345.02	1455 Market Square	
	Expenditure from corporate funds	San Francisco, CA 94103	
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense fees
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	07/22/2024	T-Mobile USA	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	3618 Factoria Blvd	
	Expenditure from corporate funds	Bellvue, WA 98006	
	PURPOSE OF EXPENDITURE		avel outside of Texas. Complete Schedule T. ustin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/15 Rpt: 41/43	Lost Pines Republican Women 00081339
4 Date 08/22/2024	5 Payee name T-Mobile USA
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 3618 Factoria Blvd
Expenditure from corporate funds	Bellvue, WA 98006
8 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 Internet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/22/2024	T-Mobile USA
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	3618 Factoria Blvd
Expenditure from corporate funds	Bellvue, WA 98006
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 Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/22/2024	T-Mobile USA
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	3618 Factoria Blvd
Expenditure from corporate funds	Bellvue, WA 98006
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 Internet
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

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: 14/15 Rpt: 42/43	Lost Pines Republican Women 00081339
4 Date 11/22/2024	5 Payee name T-Mobile USA
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 3618 Factoria Blvd
Expenditure from corporate funds	Bellvue, WA 98006
8 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 Internet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/22/2024	T-Mobile USA
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	3618 Factoria Blvd
Expenditure from corporate funds	Bellvue, WA 98006
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 Internet
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Office held Office held	
Date	Payee name
12/26/2024	Texas Federation of Republican Women
Amount (\$) \$425.00	Payee address; City; State; Zip Code 13740 N Hwy 183
Expenditure from corporate funds	Austin, TX 78750
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Reporting fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Club reporting fees
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

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: 15/15 Rpt: 43/43	Lost Pines Republican Women 00081339
4 Date	5 Payee name
12/18/2024	The Hartford Insurance
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$561.00	P O Box 660916
Expenditure from corporate funds	Dallas, TX 75266-0916
8 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 Insurance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/18/2024	USPS
Amount (\$) \$170.00	Payee address; City; State; Zip Code 400 Main Street
Expenditure from corporate funds	Bastrop, TX 78602
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 Box rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H