### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00018802		2 Total pages filed: 158
3	COMMITTEE NAME					OFFICE USE ONLY
	McLennan County	Republican Women PAC				Date Received
						ELECTRONICALLY FILED
						01/14/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP CO	DE	
	ADDRESS	P.O. Box 7291				Date Hand-delivered or Date Postmarked
	Charge of Address					Date Hallu-Uellvered Of Date POStMarked
	Change of Address	Waco, TX 76710				Receipt # Amount
						Date Processed
L						Date Imaged
5		MS / MRS / MR FIRST				MI
	TREASURER NAME	Mr. Frederick C.				
		NICKNAME LAST				SUFFIX
		Tate				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER	959 W Glade Rd		,	,	,
	STREET ADDRESS					
	(Residence or Business)	Hurst, TX 76054				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	PO Box 953				
	ADDRESS					
	Change of Address	Colleyville, TX 76034				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	ENSION		
	TREASURER PHONE	(469) 290-7500				
9	REPORT TYPE	X January 15	Oth c	lay before election		Dissolution (Attach PAC-DR)
		8 🗌 🛛	h da	y before election		10th day after campaign treasurer
			unot	f		termination
	DEDIOD				<b>D</b> - 1	Maar
<sup>10</sup>	PERIOD COVERED	Month Day Year 10/27/2024 T	HP		Day 1/2024	Year
		10/2//2024		12/3.	12024	
11	ELECTION	ELECTION DATE		ELECTION TY	PE	
		Month Day Year	Prim	ary Runoff		Other
			Gene	eral Special		
		· ·				
				PAGE 2		
Foi	rms provided by Tex	xas Ethics Commission www.e	thic	s.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)
McLennan County Rep	ublican Women PAC		00018802	
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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,889.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,665.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	33,173.06
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	accompanying report is d to be reported by me
		Mr. Freder	rick C. Tate	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	Ethics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

#### SUBTOTALS - GPAC

## FORM GPAC COVER SHEET PG 3

3 of 158

17 COMMITTEE	NAME	18 Filer ID	(Ethics Commission Filers)
	County Republican Women PAC	00018802	
19 SCHEDULE S NAME OF SC			SUBTOTAL AMOUNT
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 22,889.25
2. 🗌 S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. 🗌 S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO DRGANIZATION	R	\$
	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA ABOR ORGANIZATION	TION OR	\$
6. 🗌 S	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR DRGANIZATION		\$
8. 🗌 S	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. 🗌 S	SCHEDULE E: LOANS		\$
10. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	<b>\$</b> 10,665.67
11. 🗌 S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. 🗌 S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. 🗌 S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. 🗌 S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIC	ONS	\$
16	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FO FILER	RETURNED	\$

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/57 Rpt: 4/158	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
ľ		County Republican Women PAC		ľ	00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/06/2024	Adams, Carolyn				\$56.00
		6 Contributor address; City; State; Zip Code		1		
		Waco, TX 76708				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/09/2024		/			\$125.00
	12/09/2024					ΦΤΖΟ.00
		Contributor address; City; State; Zip Code				
		Waco, TX 76708				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/14/2024	Alford, Dr. Millie	/		Allount of Contribution (+)	\$41.67
	11/14/2024			ł		Ψ+1.01
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/01/2024	Aman, Janine				\$100.00
		Contributor address; City; State; Zip Code		ł		
		Woodway, TX 76712				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ו</u>		
	Retired		Retired	>)		
	Kellieu			-		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/23/2024	Aman, Janine				\$52.40
		Contributor address; City; State; Zip Code		1		
		Woodway, TX 76712				
⊢	Principal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Retired		Retired	,		
	Realed					

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 2/57 Rpt: 5/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/06/2024	Anderson, Debbie		\$29.1
	6 Contributor address; City; State; Zip Code		
	Waco, TX 76710		
	upation / Job title (See Instructions)	9 Employer (See Instructions	·)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/06/2024	Armstrong, Ricky		\$41.6
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	·)
Major		McLennan County	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/12/2024	Ballew, Denise		\$52.0
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76643		
	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/12/2024	Barron, Kimberly		\$28.0
	Contributor address; City; State; Zip Code		
	China Spring, TX 76633		
	upation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/06/2024	Bauer, Bill		\$29.1
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	·)
Retired		Retired	

The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A1: Sch: 3/57 Rpt: 6/158
2 FILER NAME	:	<b>3</b> Filer ID (Ethics Commission Filers)
McLennan County Republican Women PAC		00018802
4 Date 5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/05/2024 Bauer, Judy		\$29.
6 Contributor address; City; State; Zip Code		
Waco, TX 76710		
8 Principal occupation / Job title (See Instructions) 9	Employer (See Instructions)	
Retired	Retired	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/05/2024 Bauer, Judy		\$343.
Contributor address; City; State; Zip Code		
Waco, TX 76710		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Retired	Retired	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/07/2024 Bedard, Maria		\$41.
Contributor address; City; State; Zip Code		
Waco, TX 76712		
	Employer (See Instructions)	
Retired	Retired	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/06/2024 Bennett, Alan		\$58.
Contributor address; City; State; Zip Code		
Waco, TX 76712		
	Employer (See Instructions)	
	Sheehy, Lovelace & May	
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/19/2024 Bennett, Alan		\$104.
Contributor address; City; State; Zip Code		
W/ccc TV 70710		
Waco, TX 76712		
	= (0 - lu - tu - ti - u - ti	
	Employer (See Instructions)	
	Employer (See Instructions) Sheehy, Lovelace & May	

McLennan County Republican Women PAC 00018802	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 4/57 Rpt: 7/158	
4       Date       5       Full name of contributor       out-of-stage PAC (DDF:	2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
11/12/2024       Birdwell, Mel       \$166.67         6       Contributor address; City; State; Zip Code       \$166.67         7       Granbury, TX 76049       9       Employer (See Instructions) Retired         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (IDF; Robinson, TX 76706       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (IDF; University       Amount of Contribution (\$)       \$28.00         Date       Full name of contributor       out-of-state PAC (IDF; University       Amount of Contribution (\$)       \$28.00         Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD       Amount of Contribution (\$)       \$29.17         11/08/2024       Full name of contributor       out-of-state PAC (IDF; University       Amount of Contribution (\$)       \$29.17         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)       \$29.17         Principal occupation / Job titite (See Instructions) Retired       Full name of contri	McLennan C	county Republican Women PAC		00018802	
6       Contributor address; City; State; 2ip Code         Granbury, TX 76048       Fincipal occupation / Job title (See Instructions) Retired       Perployer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (LO#	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address: City; State; Zip Code         Granbury, TX 76048       9         8       Principal occupation / Job title (See Instructions) Retired       9         Date       Full name of contributor       oxt-ot-state PAC (IDE:         12/26/2024       Full name of contributor       oxt-ot-state PAC (IDE:         Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor         Date       Full name of contributor       out-of-state PAC (IDE:         Date       Full name of contributor       out-of-state PAC (IDE:         Date       Bonner, Allie       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Mount of Contribution (\$)         Vaco, TX 76712       Employer (See Instructions) Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD         Date       Full name of contributor       out-of-state PAC (IDE:         11/08/2024       Boyd, Patricia.       Contributor (\$)         Boyd, Patricia.       Employer (See Instructions) Contributor address; City; State; Zip Code         Waco, TX 76712       Employer (See Instructions) Retired       Amount of Contributor (\$)         Principal occupation / Job title (See Instructions) Retired	11/12/2024			\$10	66.67
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date 12/26/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$104.48         Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor       Amount of Contribution (\$) \$28.00         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD       Amount of Contribution (\$) \$29.17         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$29.17         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$29.17         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$104.17         Date 12/13/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Co					
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date 12/26/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$104.48         Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor       Amount of Contribution (\$) \$28.00         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$28.00         Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD       Amount of Contribution (\$) \$29.17         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$29.17         Date 11/08/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$29.17         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$104.17         Date 12/13/2024       Full name of contributor       out-of-state PAC (Dor Contributor address; City; State; Zip Co					
Retired       Retired         Date       Full name of contributor       out-of-state PAC (DD:		-			
Date       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)         12/26/2024       Blair, Enrique       \$104.48         Contributor address; City, State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Baylor University       Full name of contributor       out-of-state PAC (Dir)         Amount of Contributor address; City, State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Dir)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Asst Principal       Full name of contributor       out-of-state PAC (Dir)         Ansount of Contributor address; City, State; Zip Code       Connally ISD         Date       Full name of contributor       out-of-state PAC (Dir)         Amount of Contributor address; City, State; Zip Code       Manount of Contribution (\$)         Waco, TX 76712       Employer (See Instructions)       \$29.17         Principal occupation / Job title (See Instructions)       Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (Dir		pation / Job title (See Instructions)		;;) ;;)	
12/26/2024       Blair, Enrique       \$104.48         Contributor address; City; State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Baylor University       Professor         Date       Full name of contributor       out-of-state PAC (ID#:	Retired		Retired		
Contributor address; City; State; Zip Code         Robinson, TX 76706         Principal occupation / Job title (See Instructions)         Baylor University         Date         11/08/2024         Bonner, Allie         Contributor address; City; State; Zip Code         Waco, TX 76712         Principal occupation / Job title (See Instructions)         Amount of Contribution (S)         Vaco, TX 76712         Principal occupation / Job title (See Instructions)         Asst Principal         Date         Principal occupation / Job title (See Instructions)         Asst Principal         Contributor address; City; State; Zip Code         Waco, TX 76712         Date         Hul name of contributor         Boyd, Patricia         Contributor address; City; State; Zip Code         Waco, TX 76712         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         Waco, TX 76712         Principal occupation / Job title (See Instructions)         Retired         Date       Full name of contributor         Boyd, Patricia       Amount of Contributor         Contributor addres	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Bayer University       Professor         Date       Full name of contributor       out-of-state PAC (ID#:	12/26/2024			\$10	04.48
Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Baylor University       Employer (See Instructions) Professor         Date       Full name of contributor       out-of-state PAC (D#:					
Baylor University       Professor         Date       Full name of contributor       out-of-state PAC (ID#:	D in single and			<u>,</u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2024       Bonner, Allie       \$28.00         Contributor address; City; State; Zip Code       Waco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Asst Principal       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/08/2024       Boyd, Patricia       Amount of Contribution (\$)         20       Boyd, Patricia       S29.17         Vaco, TX 76712       Employer (See Instructions)       \$29.17         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.17         Retired       Retired       Retired       Amount of Contribution (\$)       \$29.17         12/13/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$104.17         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$104.17         12/13/2024       Full name of contributor address; City; State; Zip Code       Amount of Contri				;)	
11/08/2024       Bonner, Allie       \$28.00         Contributor address; City; State; Zip Code       Waco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Asst Principal       Connally ISD         Date       Full name of contributor out-of-state PAC (ID#:         11/08/2024       Full name of contributor out-of-state PAC (ID#:         Vaco, TX 76712       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Waco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:         I 2/13/2024       Full name of contributor out-of-state PAC (ID#:		- 			
Contributor address; City, State; Zip Code         Waco, TX 76712         Principal occupation / Job title (See Instructions)         Asst Principal         Date         11/08/2024         Boyd, Patricia         Contributor address; City, State; Zip Code         Waco, TX 76712         Amount of Contribution (\$)         11/08/2024         Boyd, Patricia         Contributor address; City, State; Zip Code         Waco, TX 76712         Principal occupation / Job title (See Instructions)         Retired         Date         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor			)		
Waco, TX 76712       Employer (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD         Date       Full name of contributor       out-of-state PAC (ID#:) Boyd, Patricia       Amount of Contribution (\$) \$29.17         11/08/2024       Boyd, Patricia       \$29.17         Vaco, TX 76712       Vaco, TX 76712       Amount of Contributions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:	11/08/2024	·		¢،	28.00
Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2024       Boyd, Patricia       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Waco, TX 76712       Amount of Contributions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2024       Boyd, Patricia       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Waco, TX 76712       Amount of Contributions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         12/13/2024       Full name of contributor       out-of-state PAC (ID#:) Maco, TX 76712       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17					
Principal occupation / Job title (See Instructions) Asst Principal       Employer (See Instructions) Connally ISD         Date       Full name of contributor       out-of-state PAC (ID#:)         11/08/2024       Boyd, Patricia       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Waco, TX 76712       Amount of Contributions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         12/13/2024       Full name of contributor       out-of-state PAC (ID#:) Maco, TX 76712       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17		Waco. TX 76712			
Asst Principal       Connally ISD         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/08/2024       Boyd, Patricia       \$29.17         Contributor address; City; State; Zip Code       Vaco, TX 76712       \$29.17         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.17         Retired       Full name of contributor       Employer (See Instructions)       \$29.17         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$104.17         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$104.17         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$104.17         Unibutor address; City; State; Zip Code       Waco, TX 76712       Employer (See Instructions)       \$104.17         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17	Principal occu		Employer (See Instructions	<u> </u>	
11/08/2024 Boyd, Patricia \$29.17   Contributor address; City; State; Zip Code Waco, TX 76712   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Retired Full name of contributor   Date Full name of contributor   0 dt out-of-state PAC (ID#:)   12/13/2024 Boyd, Patricia   0 dt Contributor address; City; State; Zip Code   0 dt Full name of contributor   0 dt out-of-state PAC (ID#:)   12/13/2024 Boyd, Patricia   0 dt Contributor address; City; State; Zip Code   0 dt Waco, TX 76712   0 dt Waco, TX 76712   0 dt Employer (See Instructions)   0 dt Employer (See Instructions)	-			,	
11/08/2024 Boyd, Patricia \$29.17   Contributor address; City; State; Zip Code Waco, TX 76712   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Retired Full name of contributor   Date Full name of contributor   0 dt out-of-state PAC (ID#:)   12/13/2024 Boyd, Patricia   0 dt Contributor address; City; State; Zip Code   0 dt Full name of contributor   0 dt out-of-state PAC (ID#:)   12/13/2024 Boyd, Patricia   0 dt Contributor address; City; State; Zip Code   0 dt Waco, TX 76712   0 dt Waco, TX 76712   0 dt Employer (See Instructions)   0 dt Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Waco, TX 76712       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Waco, TX 76712       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17			/	.,	29.17
Waco, TX 76712       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Waco, TX 76712       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.17		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Vaco, TX 76712         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)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Vaco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Vaco, TX 76712       State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Waco, TX 76712			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Waco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)		pation / Job title (See Instructions)		;) ;)	
12/13/2024       Boyd, Patricia       \$104.17         Contributor address; City; State; Zip Code       Waco, TX 76712         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Retired		Retired		
Contributor address; City; State; Zip Code Waco, TX 76712 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Waco, TX 76712       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	12/13/2024	Boyd, Patricia		\$10	04.17
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)					
				-	
Retired		pation / Job title (See Instructions)		•)	
	Retired		Retired		

The Inst	ruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 5/57 Rpt: 8/158
2 FILER NAI	ΛE		<b>3</b> Filer ID (Ethics Commission Filers)
	n County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/01/202			\$29.17
	6 Contributor address; City; State; Zip Code		
	Crawford, TX 76638		
	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/04/202			\$520.83
	Contributor address; City; State; Zip Code		
	Crawford, TX 76638	i	
	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/19/202	Braden, Janet		\$260.73
	Contributor address; City; State; Zip Code		1
	Crawford, TX 76638	I	
	ccupation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/202	Brazeal, Sheila		\$29.17
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	~
open		self	>)
•			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/12/202	· · · · · · · · · · · · · · · · · · ·		\$20.00
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
open		self	.,

	The Instru	ction Guide explains how to complete this fo	orm.		Total pages Schedule A1: Sch: 6/57 Rpt: 9/158	
2	FILER NAME			_	Filer ID (Ethics Commission	Filers)
		County Republican Women PAC			00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	
	11/12/2024	Brian Birdwell Campaign				\$84.00
		6 Contributor address; City; State; Zip Code		1		
_		Granbury, TX 76048		Ļ		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	3)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/06/2024	Brooks, Joyce				\$29.17
		Contributor address; City; State; Zip Code				
	- · · ·	Waco, TX 78706		Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	T /	Amount of Contribution (\$)	
	11/04/2024	Butler, Pamela				\$58.33
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76710	]			
		upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Owner		Woody Butler Homes			
	Date	Full name of contributor out-of-state PAC (ID#:	)	1	Amount of Contribution (\$)	
	12/02/2024	Butler, Pamela				\$40.00
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76710				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<b></b> S)		
	Owner	1	Woody Butler Homes			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/06/2024	Byers, Helen				\$58.33
		Contributor address; City; State; Zip Code		1		
		Lorena, TX 76655				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Retired		Retired	-,		
⊢						

The I	Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/57 Rpt: 10/158	
2 FILER				3	Filer ID (Ethics Commission	n Filers)
		ounty Republican Women PAC			00018802	
4 Date		5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
11/12	2/2024	Byers, Helen				\$40.00
		6 Contributor address; City; State; Zip Code				
		Lorena, TX 76655				
8 Princip	pal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Retire			Retired			
Date		Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
10/30	)/2024	Castillo, Patty				\$29.17
				·		
		Contributor address, City, State, Zip Code				
		Woodway, TX 76712				
<u> </u>				Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
Retire	ed		Retired			
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
11/13	3/2024	Castillo, Patty				\$281.25
		Contributor address; City; State; Zip Code		·		
		Woodway, TX 76712				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Retire			Retired	-,		
				<del></del>		
Date		Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
12/19/	9/2024	Castillo, Patty				\$104.48
		Contributor address; City; State; Zip Code				
		Woodway, TX 76712				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Retire	ed		Retired			
Date		Full name of contributor out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	3/2024	Catalina, Lana				\$41.67
12,10						Ф1 <u>1</u> .01
		Contributor address; City; State; Zip Code				
		Weee TY 76710				
		Waco, TX 76710				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
Retire	ed		Retired			

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: 8/57 Rpt: 11/158         2       FILER NAME McLennan County Republican Women PAC       3       Filer ID (Ethics Commission Filers) 00018802         4       Date 11/11/2024       5       Full name of contributor out-of-state PAC (IDE:)       7       Amount of Contribution (\$) Cates, Eleanor       \$40         6       Contributor address; City; State; Zip Code       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$) Amount of Contribution (\$)       \$40         0       Date 11/106/2024       Full name of contributor out-of-state PAC (IDE:)       Petriced       Amount of Contribution (\$) Catex, Karen Contributor address; City; State; Zip Code       8       Employer (See Instructions) Retired       Amount of Contribution (\$) State       State         9       Employer (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) State       State         11/12/2024       Full name of contributor out-of-state PAC (IDE:) Retired       Amount of Contribution (\$) State       State         11/12/2024       Full name of contributor out-of-state PAC (IDE:) Retired       Amount of Contribution (\$) State       State         9       Full name of contributor out-of-state PAC (IDE:) Retired </th
McLennan County Republican Women PAC       00018802         4       Date       5       Full name of contributor       out-of-state PAC (IDH:)       7       Amount of Contribution (\$)         11/11/2024       6       Contributor address; City; State; Zip Code       5       Employer (See Instructions)       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)       Amount of Contribution (\$)         11/06/2024       Full name of contributor       out-of-state PAC (IDH:)       Amount of Contribution (\$)       \$56         11/06/2024       Full name of contributor       out-of-state PAC (IDH:)       Amount of Contribution (\$)       \$56         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired       Amount of Contribution (\$)       \$56         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$20         11/12/2024       Full name of contributor       out-of-state PAC (IDH:
McLennan County Republican Women PAC       00018802         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         11/11/2024       6       Contributor address; City; State; Zip Code       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code       9       Employer (See Instructions)       Retired         7       Principal occupation / Job title (See Instructions)       Retired       Amount of Contribution (\$)       \$55         7       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$55         7       Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$55         7       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired         7       Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)       \$20         7       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$20         7       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$20         7       P
11/11/2024       Cates, Eleanor       \$40         6       Contributor address; City, State; Zip Code       \$40         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired       \$40         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)       \$58         11/06/2024       Clark, Karen       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$58         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)       \$58         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)       \$20         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)       \$20         11/12/2024       Clark, Karen       Clark, Karen       Amount of Contribution (\$)       \$20         11/12/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)       \$20         Principal occupation / Job title (See Instructions) Retired       Retired       Amount of Contribution (\$)       \$20         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired
6       Contributor address; City; State; Zip Code         Lorena, TX 76655       9         8       Principal occupation / Job title (See Instructions) Retired       9         Date       Full name of contributor       out-of-state PAC (ID#;)         11/06/2024       Full name of contributor       out-of-state PAC (ID#;)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         7       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;
6       Contributor address; City; State; Zip Code         Jate       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/06/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/06/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Clark, Karen       contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/06/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired
Retired       Retired         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/06/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       Full name of contributor       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Retired       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired
Retired       Retired         Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/06/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Employer (See Instructions)       Full name of contributor       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Clark, Karen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20         Retired       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$20         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired
11/06/2024       Clark, Karen       \$58         Contributor address; City; State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor         11/12/2024       Clark, Karen         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/12/2024       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
11/06/2024       Clark, Karen       \$58         Contributor address; City; State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor         11/12/2024       Clark, Karen         Clark, Karen       Out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$20         11/12/2024       Clark, Karen         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
Contributor address; City; State; Zip Code       Robinson, TX 76706         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         11/12/2024       Clark, Karen       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Robinson, TX 76706       Employer (See Instructions)         Retired       Robinson, TX 76706
Robinson, TX 76706     Employer (See Instructions) Retired       Principal occupation / Job title (See Instructions) Retired     Employer (See Instructions) Retired       Date     Full name of contributor out-of-state PAC (ID#:) Clark, Karen     Amount of Contribution (\$) Clark, Karen       Clark, Karen
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)         11/12/2024       Clark, Karen         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)         11/12/2024       Clark, Karen         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
Retired     Retired       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       11/12/2024     Clark, Karen     \$20       Contributor address; City; State; Zip Code     Contributor address; City; State; Zip Code     \$20       Robinson, TX 76706     Employer (See Instructions)     \$20       Principal occuration / Job title (See Instructions)     Employer (See Instructions)     Retired
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/12/2024       Clark, Karen       \$20         Contributor address; City; State; Zip Code       \$20         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
11/12/2024       Clark, Karen       \$20         Contributor address; City; State; Zip Code       \$20         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
11/12/2024       Clark, Karen       \$20         Contributor address; City; State; Zip Code       \$20         Robinson, TX 76706       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired
Contributor address; City; State; Zip Code       Robinson, TX 76706       Principal occupation / Job title (See Instructions)       Retired   Employer (See Instructions) Retired
Robinson, TX 76706     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Retired     Retired
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired
Retired Retired
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
10/29/2024 Clayton, Nancy Sue \$29
Contributor address; City; State; Zip Code
Waco, TX 76710
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Retired Retired
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
11/04/2024 Clayton, Nancy Sue \$41
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code Waco, TX 76710
Waco, TX 76710     Employer (See Instructions)
Waco, TX 76710

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/57 Rpt: 12/158
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
McLennan County Republican Women PAC	00018802
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/11/2024 Cockle, Susie	\$41.67
6 Contributor address; City; State; Zip Code	
Woodway, TX 76712	
8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Retired       Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/06/2024 Coker, Kathy	\$56.00
	400.00
Contributor address; City; State; Zip Code Waco, TX 76705	
Principal occupation / 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 Coker, Kathy	\$40.00
Contributor address; City; State; Zip Code	
Waco, TX 76705	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/04/2024 Console, Nikki	\$87.50
Contributor address; City; State; Zip Code	
Hewitt, TX 76643	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/10/2024 Console, Nikki	\$281.25
	\$201.23
Contributor address; City; State; Zip Code	
Hewitt, TX 76643	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/57 Rpt: 13/158	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	ounty Republican Women PAC		00018802	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
12/18/2024	Console, Nikki		\$	\$52.40
	6 Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Retired		Retired		
Date		)	Amount of Contribution (\$)	
12/31/2024	Console, Nikki		\$	\$58.65
	Contributor address; City; State; Zip Code			
Dringing Laggy	Hewitt, TX 76643	Freedower (Coo hostewations	A	
Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Creviet, Sandra		\$	\$56.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76708			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired	,	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/19/2024	Cross, Barbara	·····,		260.42
	Contributor address; City; State; Zip Code			
	McGregor, TX 76657			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/26/2024	Cross, Barbara		\$1	104.48
	Contributor address; City; State; Zip Code			
	McGregor, TX 76657			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/57 Rpt: 14/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/07/2024	Crouse, Leslie		\$29.17
	6 Contributor address; City; State; Zip Code		
	Mcgregor, TX 76657		
8 Principal occu	Ipation / Job title (See Instructions)	9 Employer (See Instructions	l S)
Retired		Retired	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/07/2024	Crouse, Leslie		\$41.67
	Contributor address; City; State; Zip Code		
	Mcgregor, TX 76657		
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/30/2024	Croy, Julie		\$41.67
	Contributor address; City; State; Zip Code		
	China Chrina TV 76622		
Drinoinal agai	China Spring, TX 76633 upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Homemaker		Employer (See Instructions Homemaker	>)
			American of Questributions (ft)
Date 11/01/2024		)	Amount of Contribution (\$) \$28.00
11/01/2024	Cummings, Patricia		φ20.00
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/01/2024	Cummings, Patricia		\$40.00
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
-	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	

The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule A1: Sch: 12/57 Rpt: 15/158
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
McLennan County Republican Women PAC		00018802
4 Date 5 Full name of contributor out	t-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/07/2024 Curry, Pat		\$29.17
6 Contributor address; City; State; Zip	p Code	
Waco, TX 76712		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions	5)
CEO	PJC Consultants	
Date Full name of contributor out	t-of-state PAC (ID#:)	Amount of Contribution (\$)
11/01/2024 Davega, Dianne		\$29.17
Contributor address; City; State; Zig	p Code	
Woodway, TX 76712		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	s)
Retired	Retired	
Date Full name of contributor out	t-of-state PAC (ID#:)	Amount of Contribution (\$)
12/31/2024 Davega, Dianne		\$29.48
	n Code	
Woodway, TX 76712		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	) 3)
Retired	Retired	
Date Full name of contributor	t-of-state PAC (ID#:)	Amount of Contribution (\$)
11/07/2024 Davis, Jeanie		\$58.33
	n Codo	
Contributor address; City; State; Zip	p Code	
Woodway, TX 76712		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Retired	Retired	<i>''</i>
		Amount of Contribution (ft)
Date Full name of contributor out 12/27/2024 Davis, Leslie	it-of-state PAC (ID#:)	Amount of Contribution (\$) \$52.40
		\$32.40
Contributor address; City; State; Zip	p Code	
China Spring TV 76622		
China Spring, TX 76633		
Principal occupation / Job title (See Instructions)	Employer (See Instructions	S)
Sales Manager	M & M Broadcasters	

	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 13/57 Rpt: 16/158	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
		county Republican Women PAC		ľ	00018802	r lioroy
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/14/2024	Dewitt, Susan				\$40.00
		6 Contributor address; City; State; Zip Code		1		
		Waco, TX 76710				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Customer Se	ervice	State Farm			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/22/2024	Dewitt, Susan	)			\$41.67
	12/22/2024					φ+1.07
		Contributor address; City; State; Zip Code				
		Weee TV 70710				
		Waco, TX 76710				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Customer Se	ervice	State Farm			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/07/2024	Doria, Bunnie				\$28.00
		Contributor address; City; State; Zip Code		1		
		Lorena, TX 76655				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/24/2024	Doria, Bunnie	)			\$52.40
	12/24/2024					Ψ02.40
		Contributor address; City; State; Zip Code				
		Lorena, TX 76655				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired		Retired	5)		
	Relieu		Relifed	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/16/2024	Dowell, Patricia				\$41.67
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
$\vdash$						
I I						

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 14/57 Rpt: 17/158	
2 FILER NAME	=		3 Filer ID (Ethics Commission File	ers)
	- County Republican Women PAC		00018802	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/08/2024			\$	\$28.00
	6 Contributor address; City; State; Zip Code			
	McGregor, TX 76657	i		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Consultant		Self-Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/01/2024			\$	640.00
	Contributor address; City; State; Zip Code			
	McGregor, TX 76657	1		
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Consultant		Self-Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/20/2024	Ellis, Barbara		\$	640.00
	Contributor address; City; State; Zip Code			
_ · · ·	Waco, TX 76710		<u> </u>	
Principal occ Retired	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Relifeu		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Endres, Kathy		\$	529.17
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Principal occ		Employor (Soo Instructions	<u> </u>	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	»)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	000 40
12/31/2024			\$2	260.42
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Principal coo	-	Employer (See Instructions	) .)	
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	<i>)</i> )	
i veni eu		Neurea		

-						
	The Instru	ction Guide explains how to complete this f	orm.	1 I	Total pages Schedule A1: Sch: 15/57 Rpt: 18/158	
2	FILER NAME			3	Filer ID (Ethics Commission	i Filers)
		County Republican Women PAC			00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/05/2024	Etchison, Jacquelyn				\$28.00
		6 Contributor address; City; State; Zip Code				
		Hewitt, TX 76643				
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 (\$)	
	11/07/2024	Eubank, Rebecca				\$56.00
	11/01/2024					ψ30.00
		Contributor address; City; State; Zip Code				
		China Spring, TX 76633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sheriff's Offi	ce	McLennan County			
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	11/19/2024	Eubank, Rebecca				\$281.25
	11/19/2024					ΨΖΟΙ.ΖΟ
		Contributor address; City; State; Zip Code				
		China Spring, TX 76633				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Sheriff's Offi	ce	McLennan County			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/31/2024	Evans, Riley	/		(*)	\$104.48
	12/01/2024	-				Ψ104.40
		Contributor address; City; State; Zip Code				
		Waco, TX 76706				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Design		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/30/2024	Fanning, Ronnie	/			\$41.67
	11,00,2021					φ12.01
		Contributor address; City; State; Zip Code				
		Waco, TX 76710				
	Principal occu	pation / 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: 16/57 Rpt: 19/158	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/03/2024	Ferrera, Caren		\$29	.17
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76712			
8 Principal occu Retired	pation / Job title (See Instructions)	<ul> <li>9 Employer (See Instructions Retired</li> </ul>	5)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/12/2024	Ferrera, Caren	/	\$41	67
11,12,202 1				
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
-	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/05/2024	Fitzgerald, Aine		\$41	67
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Tutor		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/18/2024	Fitzgerald, Aine		\$52	2.40
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)	
Tutor		Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/01/2024	Fitzpatrick, Donna	/	\$40	0.00
12,01,202				.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76708			
Defension 1		Freelows (Ossil		
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
0		0		

-				
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/57 Rpt: 20/158
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		County Republican Women PAC		00018802
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	12/22/2024	Gilliam, Bronwyn		\$52.40
		6 Contributor address; City; State; Zip Code		
		Lorena, TX 76655		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)
	Ascension C	Clinical Analytics	RN	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	11/13/2024	Goebel, Nancy	)	\$100.00
	11/10/2021	-		+100.00
		Contributor address; City; State; Zip Code		
		Woodway, TX 76712		
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Retired		Retired	)
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Granger, Angela		\$40.00
		Contributor address; City; State; Zip Code		
		Lorena, TX 76655		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Retired		Retired	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/02/2024	Hanes, Mary		\$56.00
		Contributor address; City; State; Zip Code		
		Crawford, TX 76638		
	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 (\$)
	11/12/2024	Hanes, Mary	)	\$250.00
	11,12,2021	Contributor address; City; State; Zip Code		+200.00
		Contributor address, City, State, Zip Code		
		Crawford, TX 76638		
	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
	Retired		Retired	<i>)</i> /
	Neuleu		Reuleu	

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:
			Sch: 18/57 Rpt: 21/158
2 FILER NAME McLennan (	E County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/16/2024	Haney, Jana		\$40.
	6 Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Vice Preside		Advanced House Leveli	ng
Date	—	)	Amount of Contribution (\$)
12/26/2024			\$41.
	Contributor address; City; State; Zip Code		
Dringing occ	waco, TX 76712	Employer (See Instructions	A
Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	·)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/01/2024			\$56.
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	)
Date	Full name of contributorout-of-state PAC (ID#:		Amount of Contribution (\$)
11/05/2024			\$29.
11,00,202.	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Waco, TX 76710		
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;)
Justice of th	le Peace	McLennan County	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/29/2024	—		\$29.
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Healthcare	Preparedness Coordinator	CATRAC	
		<u> </u>	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 19/57 Rpt: 22/158	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
	County Republican Women PAC		00018802	1 11010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
12/08/2024	Herbelin, Patricia			\$41.67
	6 Contributor address; City; State; Zip Code			
	Lorono TV 766EE			
9 Dringingloggy	Lorena, TX 76655 Ipation / Job title (See Instructions)	Employer (See Instructions		
	Preparedness Coordinator	9 Employer (See Instructions CATRAC	)	
	·			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*5000</b>
11/07/2024				\$58.33
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
President		Advanced Financial Stra		
			-	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢60.00
11/12/2024	Hodson, Luann			\$60.00
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Therapist		Hewitt Rehab	,	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/01/2024	Hoeher, Angelika	)		\$84.00
11/01/2021	Contributor address; City; State; Zip Code			<i><b>40</b></i> 1100
	Contributor address, City, State, Zip Code			
	Lorena, TX 76655			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/05/2024	Hoeher, Angelika			\$500.00
	Contributor address; City; State; Zip Code			
	Lorena, TX 76655			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
		•		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/57 Rpt: 23/158	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
	- County Republican Women PAC		00018802	1 11013)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/11/2024				\$41.67
	6 Contributor address; City; State; Zip Code			
	· · · · · · · · · · · · · · · · · · ·			
	WACO, TX 76705	r		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/01/2024				\$29.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76705			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired	,	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/31/2024		)	Amount of Contribution (\$)	\$50.00
10/31/2024				Φ20.00
	Contributor address; City; State; Zip Code			
	Debineer TV 70700			
	Robinson, TX 76706		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/08/2024				\$56.00
	Contributor address; City; State; Zip Code			
	Robinson, TX 76706			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/19/2024	—			\$500.00
	Contributor address; City; State; Zip Code			
	Robinson, TX 76706			
Principal occu	upation / 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: 21/57 Rpt: 24/158
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
McLennan C	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/28/2024	Holtkamp, Tim		\$104.48
	6 Contributor address; City; State; Zip Code		
	Robinson, TX 76706		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u></u>
Business Ov		Self Employed	<i>)</i>
			Amount of Contribution (\$)
Date 10/29/2024	Full name of contributor out-of-state PAC (ID#: Hough, Ann	)	Amount of Contribution (\$) \$29.17
10/29/2024			φ23.17
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712-2312		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	۱ ۶)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/18/2024	Hough, Ann		\$104.48
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712-2312		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/12/2024	Hough, Elizabeth		\$250.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired	······································	Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	<u>ا</u> ر	Amount of Contribution (\$)
11/12/2024	Hough, Elizabeth	)	\$20.83
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 22/57 Rpt: 25/158		
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
[		County Republican Women PAC		ľ	00018802	1 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/02/2024	JAMES, MARY				\$62.50
		6 Contributor address; City; State; Zip Code		1		
		HEWITT, TX 76643				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	CO-OWNER	۲. Example of the second se	KROSS INC.			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/06/2024	JAMES, MARY			• .	\$60.00
				-		·
		Contributor address, City, State, Zip Code				
		HEWITT, TX 76643				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ย		
	CO-OWNER		KROSS INC.	<i>,</i>		
⊢				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷ + 0 00
	12/26/2024	Jenkins, Jennifer				\$40.00
		Contributor address; City; State; Zip Code				
		Lorena, TX 76655				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Conifer Heal	th Solutions	RN			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/05/2024	Jenson, Gwen				\$29.17
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/01/2024	Jenson, Gwen				\$41.67
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
$\vdash$	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Retired		Retired	,		
$\vdash$						
1						

The Ins	truction Guide explains how to complete this	1 Total pages Schedule A1: Sch: 23/57 Rpt: 26/158		
2 FILER NA	MF		3 Filer ID (Ethics Commission File	ers)
	an County Republican Women PAC		00018802	10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/07/20	5 /		\$	58.33
	6 Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
8 Principal	Deccupation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/08/20	24 Johnson, Matt		\$2	29.17
	Contributor address; City; State; Zip Code			
	Contributor address, City, State, Zip Code			
	Waco, TX 76710			
	occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Judge		10th Court of Appeals		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/31/20	24 Johnson McDonald, Sherri		\$4	41.67
	Contributor address; City; State; Zip Code			
	······································			
	Waco, TX 76706			
Princinal	occupation / Job title (See Instructions)	Employer (See Instructions	<b> </b>	
Sales		Johnson Roofing		
		Sonnson Rooning		
Date		)	Amount of Contribution (\$)	
11/04/20	24 Jones, Carmen		\$2	28.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76715			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
Dete	Full name of contributor out-of-state PAC (ID#:	\	Amount of Contribution (\$)	
Date		)	Amount of Contribution (\$)	~~ ~~
12/03/20	24 Jones, Sara		5	60.00
	Contributor address; City; State; Zip Code			
	McGregor, TX 76657			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired		Retired		
		1		
				1

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 24/57 Rpt: 27/158		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		county Republican Women PAC			00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/01/2024	Jones, Will				\$29.17
		6 Contributor address; City; State; Zip Code		1		
		Waco, TX 76710				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	County Com	missioner	McLennan County			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/13/2024	Joslin, Michelle	/		(+)	\$60.00
	11/10/2024					<b>\$00.00</b>
		Contributor address; City; State; Zip Code				
		Penelope, TX 76676				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Vintage Clot	hing Penelope Pickers	Self Employed			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	11/06/2024	Keaton, Nancy				\$281.25
	11/00/2024	Contributor address; City; State; Zip Code				ΨΖΟΙ.ΖΟ
		Woodway, TX 76712				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/07/2024	Keaton, Nancy	/		/	\$58.33
	11/01/2024	-				φ00.00
		Contributor address; City; State; Zip Code				
	Woodway, TX 76712					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/21/2024	Kehoe, Penny	/			\$52.40
				•		<i>+</i> <b>0_0</b>
		Contributor address; City; State; Zip Code				
		Lorena, TX 76655				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
⊢						

			—		
The Instruct	tion Guide explains how to complete this fo		Total pages Schedule A1: Sch: 25/57 Rpt: 28/158		
2 FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	unty Republican Women PAC			00018802	
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
11/01/2024	Kendig, Vicky				\$28.00
6	G Contributor address; City; State; Zip Code		1		
	McGregor, TX 76657				
	ation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
Retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
12/06/2024	Kendig, Vicky				\$270.00
	Contributor address; City; State; Zip Code				
	McGregor, TX 76657				
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions)	;)		
		Retired			
Retired					
	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
Retired	Ker, Jon	)		Amount of Contribution (\$)	\$28.00
Retired Date		)		Amount of Contribution (\$)	\$28.00
Retired Date	Ker, Jon	)		Amount of Contribution (\$)	\$28.00
Retired Date	Ker, Jon Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$28.00
Retired Date 10/29/2024	Ker, Jon Contributor address; City; State; Zip Code Valley Mills, TX 76689	)		Amount of Contribution (\$)	\$28.00
Retired Date 10/29/2024 Principal occupa	Ker, Jon Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$28.00
Retired Date 10/29/2024	Ker, Jon Contributor address; City; State; Zip Code Valley Mills, TX 76689	)		Amount of Contribution (\$)	\$28.00
Retired Date 10/29/2024 Principal occupa	Ker, Jon Contributor address; City; State; Zip Code Valley Mills, TX 76689	) Employer (See Instructions) Self Employed	5)	Amount of Contribution (\$)	\$28.00
Retired Date 10/29/2024 Principal occupa Attorney	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:	) Employer (See Instructions) Self Employed	5)		\$28.00
Retired Date 10/29/2024 Principal occupa Attorney Date Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor	) Employer (See Instructions) Self Employed	5)		
Retired Date 10/29/2024 Principal occupa Attorney Date Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:         Ker, Jon	) Employer (See Instructions) Self Employed	5)		
Retired Date 10/29/2024 Principal occupa Attorney Date Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:         Ker, Jon         Contributor address; City; State; Zip Code	) Employer (See Instructions) Self Employed	5)		
Retired Date 10/29/2024 Principal occupa Attorney Date 12/02/2024	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689	Employer (See Instructions) Self Employed	δ) 		
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Principal occupa	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:         Ker, Jon         Contributor address; City; State; Zip Code	Employer (See Instructions) Self Employed) Employer (See Instructions)	δ) 		
Retired Date 10/29/2024 Principal occupa Attorney Date 12/02/2024	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689	Employer (See Instructions) Self Employed	δ) 		
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Date         Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gout-of-state PAC (ID#:_         Full name of contributor         Gout-of-state PAC (ID#:_	Employer (See Instructions) Self Employed) Employer (See Instructions)	5) 		\$500.00
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)	Employer (See Instructions) Self Employed) Employer (See Instructions)	5) 	Amount of Contribution (\$)	\$500.00
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Date         Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Gut-of-state PAC (ID#:_         Full name of contributor         Gut-of-state PAC (ID#:_	Employer (See Instructions) Self Employed) Employer (See Instructions)	5) 	Amount of Contribution (\$)	\$500.00
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Date         Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Kerschner, Sylvia	Employer (See Instructions) Self Employed) Employer (See Instructions)	5) 	Amount of Contribution (\$)	\$500.00
Retired         Date         10/29/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Principal occupa         Attorney         Date         12/02/2024         Date         Date	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Kerschner, Sylvia         Contributor address; City; State; Zip Code	Employer (See Instructions) Self Employed) Employer (See Instructions)	5) 	Amount of Contribution (\$)	\$500.00
Retired   Date   10/29/2024   Principal occupa   Attorney   Date   12/02/2024   Principal occupa   Attorney	Ker, Jon   Contributor address; City; State; Zip Code   Valley Mills, TX 76689   ation / Job title (See Instructions)   Full name of contributor   out-of-state PAC (ID#:_   Ker, Jon   Contributor address; City; State; Zip Code   Valley Mills, TX 76689   ation / Job title (See Instructions)   Full name of contributor   Ontributor address; City; State; Zip Code   Valley Mills, TX 76689   ation / Job title (See Instructions)   Full name of contributor   Out-of-state PAC (ID#:_   Kerschner, Sylvia   Contributor address; City; State; Zip Code   Waco, TX 76712	Employer (See Instructions) Self Employed	.           .           .           .           .           .	Amount of Contribution (\$)	\$500.00
Retired   Date   10/29/2024   Principal occupa   Attorney   Date   12/02/2024   Principal occupa   Attorney	Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Ker, Jon         Contributor address; City; State; Zip Code         Valley Mills, TX 76689         ation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:_         Kerschner, Sylvia         Contributor address; City; State; Zip Code	Employer (See Instructions) Self Employed) Employer (See Instructions)	.           .           .           .           .           .	Amount of Contribution (\$)	

The Instruction Guide explains how to complete this form.       1. Total pages Schedule A1: Sch: 26/57 Rpt: 29/158         2       FILER NAME       3         McLennan County Republican Women PAC       0001802         4       Date       5         1. 2006/2024       Full name of contributor       out-of-state PAC (DBF         Waco, TX 76712       7       Amount of Contribution (S)         8       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         Retired       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (S)         1. 2/10/2024       Fuil name of contributor       out-of-state PAC (DBF       Amount of Contribution (S)         Pate       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (S)         1. 2/10/2024       King, Guadalupe       State, Zip Code       Amount of Contribution (S)         Pate       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (S)         1. 2/24/2024       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (S)         1. 2/24/2024       King, Guadalupe       State, Zip Code       Amount of Contribution (S)         1. 2/24/2024       King, Guadalupe       State, Zip Code       Amount of Contr
McLennan County Republican Women PAC       00018802         4 Date       5 Full name of contributor out-of-state PAC (IDE:)       7 Amount of Contribution (\$)         12/06/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions) Retired       9 Employer (See Instructions) Retired       7 Amount of Contribution (\$)         Date       12/10/2024       Full name of contributor out-of-state PAC (IDE:) (Xaco, TX 76708       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       Retired       Amount of Contribution (\$)       \$29.         Principal oc
McLennan County Republican Women PAC       00018802         4 Date       5 Full name of contributor out-of-state PAC (IDE:)       7 Amount of Contribution (\$)         12/06/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (\$)         8 Principal occupation / Job title (See Instructions) Retired       9 Employer (See Instructions) Retired       7 Amount of Contribution (\$)         Date       12/10/2024       Full name of contributor out-of-state PAC (IDE:) (Xaco, TX 76708       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       Full name of contributor out-of-state PAC (IDE:)       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       Retired       Amount of Contribution (\$)       \$29.         Principal oc
12/06/2024       Kerschner, Sylvia       \$62.         6       Contributor address; City; State; Zip Code       \$62.         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         9       Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       \$20.         0ate       12/10/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/24/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/24/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/21/2024       King, Guadalupe       State; Zip Code       \$104.         Vacco, TX 76708       Employer (See Instructions) Retired       Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       \$29.         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       \$29.     <
6       Contributor address; City; State; Zip Code         Waco, TX 76712       9         B       Principal occupation / Job title (See Instructions) Retired       9         Date 12/10/2024       Full name of contributor address; City; State; Zip Code       Amount of Contribution (\$)         Vaco, TX 76708       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date 12/24/2024       Full name of contributor out-of-state PAC (ID#:
6       Contributor address; City; State; Zip Code         Waco, TX 76712       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/10/2024       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/10/2024       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/224/2024       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)         12/31/2024       Full name of contributor       out-of-state PAC (ID#;
Waco, TX 76712       9 Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       9 Employer (See Instructions) Retired         Date       Full name of contributor
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/10/2024       King, Guadalupe       \$20.         Contributor address; City; State; Zip Code       \$20.         Waco, TX 76708       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/4/2024       King, Guadalupe       S104.         Contributor address; City; State; Zip Code       Mount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/10/2024       King, Guadalupe       \$20.         Contributor address; City; State; Zip Code       \$20.         Waco, TX 76708       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         12/22/4/2024       King, Guadalupe       S104.         Contributor address; City; State; Zip Code       Mount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/10/2024       King, Guadalupe       S20.         Contributor address; City; State; Zip Code       waco, TX 76708       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions)       Employer (See Instructions) Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       s104.       \$104.         Contributor address; City; State; Zip Code       mount of Contribution (\$)       \$104.         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$104.         Contributor address; City; State; Zip Code       waco, TX 76708       Amount of Contribution (\$)       \$104.         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$20.       \$20.         Retired       Waco, TX 76708       Employer (See Instructions)       \$20.       \$20.         Date       Full name of contributor       out-of-state PAC (ID#:
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/10/2024       King, Guadalupe       \$20.         Contributor address; City; State; Zip Code       \$20.         Waco, TX 76708       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contributor       out-of-state PAC (ID#:)         Maco, TX 76708       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         12/24/2024       King, Guadalupe       \$104.         Contributor address; City; State; Zip Code       Maco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Contributor address; City; State; Zip Code       Amount of Contribution (\$)
12/10/2024       King, Guadalupe       \$20.         Contributor address; City; State; Zip Code       Waco, TX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/24/2024       King, Guadalupe       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       \$104.         Waco, TX 76708       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Maco, TX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Employer (See Instructions)         Retired       Employer (See Instructions)         Date       Full name of contributor       out-of-state PAC (ID#:)         12/31/2024       King, Guadalupe       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions) Retired         Date       Full name of contributor         12/24/2024       Full name of contributor         Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions) Retired         Date         12/24/2024         King, Guadalupe         Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         12/31/2024         King, Guadalupe         Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code       Waco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:) King, Guadalupe       Amount of Contribution (\$) (\$)         12/24/2024       Full name of contributor out-of-state PAC (ID#:) King, Guadalupe       Amount of Contribution (\$) (\$)         0ut-of-state PAC (ID#:) Naco, TX 76708       Employer (See Instructions) Retired       Amount of Contribution (\$) (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) (\$)         Date       Full name of contributor out-of-state PAC (ID#:) (Contributor address; City; State; Zip Code       Amount of Contribution (\$) (\$)         12/31/2024       Full name of contributor out-of-state PAC (ID#:) (Contributor address; City; State; Zip Code       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$104.         Waco, TX 76708       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$29.         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe       Amount of Contribution (\$) \$29.         12/31/2024       Full name of contributor out-of-state; Zip Code       Amount of Contribution (\$) \$29.
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$104.         Waco, TX 76708       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$29.         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe       Amount of Contribution (\$) \$29.         12/31/2024       Full name of contributor out-of-state; Zip Code       Amount of Contribution (\$) \$29.
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$104.         Waco, TX 76708       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$29.         Date       Full name of contributorout-of-state PAC (ID#:) King, Guadalupe       Amount of Contribution (\$) \$29.         12/31/2024       Full name of contributor out-of-state; Zip Code       Amount of Contribution (\$) \$29.
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       \$104.         Contributor address; City; State; Zip Code       \$104.         Waco, TX 76708       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor in gout-of-state PAC (ID#:)         Retired       Amount of Contribution (\$)         State       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor in gout-of-state PAC (ID#:)         King, Guadalupe       Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code       Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       King, Guadalupe       \$104.         Contributor address; City; State; Zip Code       waco, TX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor         12/31/2024       Full name of contributor         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         \$29.       Contributor address; City; State; Zip Code
12/24/2024       King, Guadalupe       \$104.         Contributor address; City; State; Zip Code       \$104.         Waco, TX 76708       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor address; City; State; Zip Code         12/31/2024       King, Guadalupe         Contributor address; City; State; Zip Code       Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         12/31/2024         King, Guadalupe         Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Retired         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         King, Guadalupe         Contributor address; City; State; Zip Code
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)         12/31/2024       King, Guadalupe         Contributor address; City; State; Zip Code       \$29.
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)         12/31/2024       King, Guadalupe         Contributor address; City; State; Zip Code       \$29.
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor out-of-state PAC (ID#:)         12/31/2024       King, Guadalupe         Contributor address; City; State; Zip Code       \$29.
Retired     Retired       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       12/31/2024     King, Guadalupe     \$29.       Contributor address; City; State; Zip Code     Image: Contributor address in the state
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/31/2024       King, Guadalupe       \$29.         Contributor address; City; State; Zip Code       \$29.
12/31/2024 King, Guadalupe \$29. Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Contributor address; City; State; Zip Code
Waco, TX 76708
Waco, TX 76708
Waco, IX 76708
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Retired Retired
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
10/31/2024 Kohutek, Lorna \$29.
Contributor address; City; State; Zip Code
Waco, TX 76705
Waco, TX 76705
Principal occupation / Job title (See Instructions) Employer (See Instructions)

The Instruction Gu	Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 27/57 Rpt: 30/158	
2 FILER NAME				3	Filer ID (Ethics Commission	Filers)
McLennan County Rej	publican Women PAC	, ,			00018802	T lieroj
4 Date 5 Full na	me of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	ek, Lorna					\$41.67
	outor address; City; Stat			"		
	, TX 76705	r				
8 Principal occupation / Joh	o title (See Instructions)		9 Employer (See Instruction	าร)		
Retired			Retired			
	_	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
12/23/2024 Kohut	ek, Lorna					\$52.40
Contrib	Contributor address; City; State; Zip Code			"		
	TV 20205					
	, TX 76705	r		Ĺ		
Principal occupation / Jol	o title (See Instructions)		Employer (See Instruction	าร)		
Retired			Retired			
	_	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
12/08/2024 Kucer	a, Violet					\$62.50
Contrik	Contributor address; City; State; Zip Code					
Wood	way, TX 76712					
Principal occupation / Jol	-	T	Employer (See Instruction	<u> </u>		
Retired			Retired	13)		
		<u> </u>				
	me of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
						φ20.00
Contrik	outor address; City; Stat	e; Zip Code				
Hewitt, TX 76643						
Principal occupation / Jol			Employer (See Instructior	<u>เ</u> าร)		
Disabled			None			
Date Full na	me of contributor	out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	right, Lori	<b>_</b>	/		()	\$28.00
		te: Zip Code				
		o,p oodo				
Waco	, TX 76705					
Principal occupation / Jol	o title (See Instructions)		Employer (See Instruction	וs)		
Retired			Defined			
			Retired			
			Retired			

The Instruc	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 28/57 Rpt: 31/158		
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/12/2024	Lambright, Lori		\$	\$40.00
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76705			
8 Principal occu		9 Employer (See Instructions	<u> </u>	
Retired	, , , , , , , , , , , , , , , , , , ,	Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Lane, Karen		\$	\$29.17
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Office Assist	ant	Advanced Financial Stra	ategies	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/31/2024	Lane, Karen		\$	\$41.67
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Office Assist	ant	Advanced Financial Stra	ategies	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/12/2024	Leidig, Joyce		\$	\$41.67
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/04/2024	Lenamon, Cheryl		\$	\$29.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76708			
Principal occu	pation / 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: 29/57 Rpt: 32/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/09/2024	Lenamon, Cheryl		\$26.0
	6 Contributor address; City; State; Zip Code		
	Waco, TX 76708		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/02/2024	Lenamon, Cheryl		\$62.5
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/18/2024	Lenamon, Cheryl		\$104.4
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Bringinal 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 (\$)
12/31/2024	Lenamon, Cheryl		\$29.4
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ;)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/08/2024	Leutwyler-Smith, Mollie	)	\$29.1
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 30/57 Rpt: 33/158	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/26/2024			\$52.4
	6 Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/30/2024	Ligon-Borden, Lee		\$58.3
	Woodway, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Instructor		Baylor College Medicine	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/18/2024	Ligon-Borden, Lee		\$62.5
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Instructor		Baylor College Medicine	2
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/01/2024	Littlewood, David		\$250.0
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Community	Banking	TFNB Your Bank for Life	e
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/01/2024	Lloyd, Barbara		\$41.6
	Contributor address; City; State; Zip Code		
	China Spring, TX 76633		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	<i>,</i> ,
		rteureu	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 31/57 Rpt: 34/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
McLennan C	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/06/2024	Lot,gesell, Teresa		\$29.17
	6 Contributor address; City; State; Zip Code		
	Waco, TX 76708		
	pation / Job title (See Instructions)	9 Employer (See Instructions	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/07/2024	Lotzgesell, Teresa		\$104.17
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
	pation / Job title (See Instructions)	Employer (See Instructions	<b>;</b> )
Administatio	n	Edward Jones	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/12/2024	Lotzgesell, Teresa		\$52.08
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Administatio		Edward Jones	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/08/2024	Loyd, Dolores		\$28.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	
Travel Agen		MBD Vacations	
_			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024	Loyd, Dolores		\$40.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	L;)
Travel Agen		MBD Vacations	,

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/57 Rpt: 35/158	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		County Republican Women PAC			00018802	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/31/2024	Loyd, Dolores				\$28.00
		6 Contributor address; City; State; Zip Code				
		Waco, TX 76708				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Travel Agent	t	MBD Vacations			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/10/2024	Lytle, Vicki				\$260.42
		Contributor address; City; State; Zip Code		"		
		Waco, TX 76708				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/12/2024	Maher, Deborah				\$28.00
		Contributor address; City; State; Zip Code		·		
		Waco, TX 76706				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/05/2024	Mayes Rafuse, RoseMary				\$58.33
		Contributor address; City; State; Zip Code		"		
		Crawford, TX 76683				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/13/2024	Mayes Rafuse, RoseMary				\$260.42
		Contributor address; City; State; Zip Code		"		
		Crawford, TX 76683				
	Principal occu	pation / 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: 33/57 Rpt: 36/158	
2 FILER NAME			3 Filer ID (Ethics Commission	) Filers)
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/08/2024	McBurnett, Erika			\$28.00
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76701			
	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Community I	Director	Care Net Pregnancy Ce	nter	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/08/2024	McClellan, Marie			\$28.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Small Busine	ess Owner	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/12/2024	McClellan, Marie			\$40.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Small Busine	ess Owner	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/13/2024	McDonald, Terry			\$52.08
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/20/2024	McDonald, Terry			\$260.42
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		

The In:	struction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 34/57 Rpt: 37/158
2 FILER N	AME		3 Filer ID (Ethics Commission Filers)
McLenr	an County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)
12/12/2	024 Mccutchen, Diane		\$41.6
	6 Contributor address; City; State; Zip Code		1
	McGregor, TX 76657		
8 Principal	occupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of Contribution (\$)
11/06/2			\$58.3
	Contributor address; City; State; Zip Code		1
Dringing	Crawford, TX 76638		
i Principai	occupation / Job title (See Instructions)	Employer (See Instructions Retired	3)
		Neureu	
Retired		<u> </u>	
Retired Date	Full name of contributor out-of-state PAC (ID#)	:)	Amount of Contribution (\$)
Retired	024 Moore, Donna		Amount of Contribution (\$) \$62.5
Retired Date	024 Moore, Donna		
Retired Date	024 Moore, Donna		
Retired Date	024 Moore, Donna		
Retired Date 11/14/2	024 Moore, Donna Contributor address; City; State; Zip Code		\$62.5
Retired Date 11/14/2	024 Moore, Donna Contributor address; City; State; Zip Code Crawford, TX 76638		\$62.5
Retired Date 11/14/2 Principal	024 Moore, Donna Contributor address; City; State; Zip Code Crawford, TX 76638	Employer (See Instructions Retired	\$62.5
Retired Date 11/14/2 Principal Retired	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         Full name of contributor         D24         Moore, Martha	Employer (See Instructions Retired	\$62.5 s)
Retired Date 11/14/2 Principal Retired Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions Retired	\$62.5 5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         D24         Moore, Martha	Employer (See Instructions Retired	\$62.5 5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code	Employer (See Instructions Retired	\$62.5 5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date 12/19/2	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708	Employer (See Instructions Retired	\$62.5 s) Amount of Contribution (\$) \$41.6
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code	Employer (See Instructions Retired	\$62.5 s) Amount of Contribution (\$) \$41.6
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24       Full name of contributor out-of-state PAC (ID#: Moore, Martha         D24       Full name of contributor contributor out-of-state PAC (ID#: Moore, Martha         D24       Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	s) Amount of Contribution (\$) \$41.6 s)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	\$62.5 Amount of Contribution (\$) \$41.6 \$5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         D24         Full name of contributor         Out-of-state PAC (ID#:         D24	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	s) Amount of Contribution (\$) \$41.6 s)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         Full name of contributor         Out-of-state PAC (ID#:	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	\$62.5 Amount of Contribution (\$) \$41.6 \$5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Out-of-state PAC (ID#:	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	\$62.5 Amount of Contribution (\$) \$41.6 \$5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis Date	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         Out-of-state PAC (ID#:         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Out-of-state PAC (ID#:	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	\$62.5 Amount of Contribution (\$) \$41.6 \$5) Amount of Contribution (\$)
Retired Date 11/14/2 Principal Retired Date 12/19/2 Principal Adminis Date 11/12/2	D24       Moore, Donna         Contributor address; City; State; Zip Code         Crawford, TX 76638         occupation / Job title (See Instructions)         D24         Full name of contributor         024         Moore, Martha         Contributor address; City; State; Zip Code         Waco, TX 76708         occupation / Job title (See Instructions)         trative Assoc.         D24         Full name of contributor         Out-of-state PAC (ID#:         Motz, Michelle         Contributor address; City; State; Zip Code	Employer (See Instructions Retired :) Employer (See Instructions Baylor University	s) Amount of Contribution (\$) (\$) (\$) Amount of Contribution (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)

_						
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/57 Rpt: 38/158	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		County Republican Women PAC		[	00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/04/2024	Motz, Rose				\$29.17
		6 Contributor address; City; State; Zip Code		1		
		McGregor, TX 76657				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	5)		
	CRNA		Providence Health Cente			
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/30/2024	Motz, Rose	,		, ano and or o contained and ( ),	\$156.56
	12/00/202			{		Ψ100.0C
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
-	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u>الــــــــــــــــــــــــــــــــــــ</u>		
	CRNA		Providence Health Center			
⊨	-			T	Amount of Contribution (¢)	
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀጋር በበ
	12/31/2024	Motz, Rose				\$28.00
		Contributor address; City; State; Zip Code				
		Macrogar TV 76667				
┝	Deir singl oog	McGregor, TX 76657		Ĺ		
		upation / Job title (See Instructions)	Employer (See Instructions)			
	CRNA		Providence Health Cente	ier —		
	Date	Full name of contributor out-of-state PAC (ID#:_	)	]	Amount of Contribution (\$)	
	12/01/2024	Myers, Dana				\$41.67
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77005				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
	Doctor		Self Employed			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/07/2024	Myers, Kathleen				\$29.17
		Contributor address; City; State; Zip Code		1		
		-				
		Waco, TX 76708				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<b></b> 3)		
	Retired		Retired			
-						

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/57 Rpt: 39/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	county Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/11/2024	Myers, Kathleen		\$250.00
	6 Contributor address; City; State; Zip Code		
	Waco, TX 76708		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/12/2024	Naumann-Larios, Elisabeth		\$28.00
	Waco, TX 76708		
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 (\$)
12/26/2024	Naumann-Larios, Elisabeth		\$41.67
12/20/2024	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
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 (\$)
11/02/2024	Neill, Robert	······//	\$58.33
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/08/2024	Neill, Robert		\$270.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Retired		Retired	

The Instr	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 37/57 Rpt: 40/158	
2 FILER NAM	F		3 Filer ID (Ethics Commission I	Filers)
	County Republican Women PAC		00018802	ners)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
12/20/2024				\$52.40
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76708			
8 Principal oc	cupation / Job title (See Instructions)	9 Employer (See Instructions	6)	
Business C	Dwner	Self Employed		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/19/2024				\$156.56
12/13/202-				φ130.30
	Contributor address; City; State; Zip Code			
	Valley Mills, TX 76689			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024				\$29.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Retired	>)	
Retileu		Relieu		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/19/2024	Notgrass, Patty			\$281.25
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
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 (\$)	
12/19/2024				\$104.48
12/13/202-				Ψ104.40
	Contributor address; City; State; Zip Code			
	Wood TX 76712			
	Waco, TX 76712		<u> </u>	
-	cupation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		

The Instru	ction Guide explains how to complete this f	orm.		es Schedule A1: 57 Rpt: 41/158	
2 FILER NAME				(Ethics Commission	n Filers)
	County Republican Women PAC		0001880		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	f Contribution (\$)	
12/18/2024	Nugent, Shemane				\$40.00
	6 Contributor address; City; State; Zip Code				
	China Spring, TX 76633				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions			
Writer/Speak	<er host<="" td=""><td>Self Employed</td><td></td><td></td><td></td></er>	Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of	f Contribution (\$)	
12/10/2024	Nyquist, Francesca	,			\$40.00
12,10,202					Ψ10.00
	Contributor address; City; State; Zip Code				
	Woodway, TX 76712				
Drinsing Loopu	-				
	ipation / Job title (See Instructions)	Employer (See Instructions			
Retired		Retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
12/06/2024	O'Day, Patricia				\$62.50
1	Contributor address; City; State; Zip Code				
	Robinson, TX 76706				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
Office Admin	nistrator	Self Employed			
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
12/19/2024	O'Day, Patricia	)	Amount of	Contribution (\$)	\$104.48
12/19/2024					φ104.40
	Contributor address; City; State; Zip Code				
	Robinson, TX 76706				
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1		
Office Admin		Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
10/30/2024	Ogden, Carol				\$56.00
	Contributor address; City; State; Zip Code				
	Crawford, TX 76638				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Retired		Retired			
Reureu		Reuleu			

		·	
The Instru	iction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 39/57 Rpt: 42/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/31/2024	Ogden, Carol		\$40.00
	6 Contributor address; City; State; Zip Code		1
	Crawford, TX 76638	1 <u>-</u>	
-	upation / Job title (See Instructions)	9 Employer (See Instructions	<i>;</i> )
Retired	<del></del>	Retired	
Date		)	Amount of Contribution (\$)
12/21/2024			\$52.40
	Contributor address; City; State; Zip Code		
	Hewitt, TX 76643		
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 (\$)
12/18/2024	· · · · · · · · · · · · · · · · · · ·		\$52.40
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
Principal occı	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 (\$)
11/08/2024			\$29.17
	Contributor address; City; State; Zip Code		
	Waco, TX 76710		
-	upation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/29/2024	Parker, Gina		\$56.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76710	<u> </u>	
-	upation / Job title (See Instructions)	Employer (See Instructions	;)
Attorney		Self Employed	

Image: Second state part of the second state pack of the second s	1 Total pages Schedule A1: Sch: 40/57 Rpt: 43/158
McLennan County Republican Women PAC         4       Date       5       Full name of contributor	
4     Date     5     Full name of contributor     induction out-of-state PAC (ID#:)       11/25/2024     Parker, Gina	<b>3</b> Filer ID (Ethics Commission Filers)
11/25/2024 Parker, Gina	00018802
	7 Amount of Contribution (\$)
	\$100.0
6 Contributor address; City; State; Zip Code	1
Waco, TX 76710	
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)	3)
Attorney Self Employed	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/02/2024 Pearson, Barbara	\$56.0
Contributor address; City; State; Zip Code	1
China Spring, TX 76633	
Principal occupation / Job title (See Instructions) Employer (See Instructions	»)
Retired Retired	
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/12/2024 Pearson, Barbara	\$20.0
Contributor address; City; State; Zip Code	•
China Spring, TX 76633	
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 (\$)
	\$40.0
11/13/2024 Pearson, Barbara	
	1
11/13/2024 Pearson, Barbara	
11/13/2024 Pearson, Barbara	
11/13/2024 Pearson, Barbara	
11/13/2024 Pearson, Barbara Contributor address; City; State; Zip Code	;)
11/13/2024 Pearson, Barbara Contributor address; City; State; Zip Code China Spring, TX 76633	;)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	S) Amount of Contribution (\$)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occupation / Job title (See Instructions)         Retired	
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occuration / Job title (See Instructions)         Retired         Date         Full name of contributor	Amount of Contribution (\$)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occuration / Job title (See Instructions)         Retired         Date         Full name of contributor         12/20/2024	Amount of Contribution (\$)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occuration / Job title (See Instructions)         Retired         Date         Full name of contributor         12/20/2024         Pisciotta, John         Contributor address; City; State; Zip Code	Amount of Contribution (\$)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occuration / Job title (See Instructions)         Retired         Date         Full name of contributor         12/20/2024	Amount of Contribution (\$)
11/13/2024       Pearson, Barbara         Contributor address; City; State; Zip Code         China Spring, TX 76633         Principal occuration / Job title (See Instructions)         Retired         Date         Full name of contributor         12/20/2024         Pisciotta, John         Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$260.73

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: 41/957 Rpt: 44/158         2       FILER NAME McLennan County Republican Women PAC       3       FILE ID (Ethics Commission Filers) 00018802         4       Date 12/22/2024       5       Full name of contributor existing address: City: State: Zip Code Waco, TX 76710       7       Amount of Contribution (S) Fisciotal. John         8       Principal occupation / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco       Amount of Contribution (S) S104.1         12/11/2024       Full name of contributor waco, TX 76708       9       Employer (See Instructions) Pro-Life Waco       Amount of Contribution (S) S104.1         Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Retired       Full name of contributor Contributor address; City: State; Zip Code       Amount of Contribution (S) S104.1         12/04/2024       Full name of contributor Vaco, TX 76708       Employer (See Instructions) Retired       Amount of Contribution (S) S41.6         11/03/2024       Full name of contributor Vaco, TX 76705       Employer (See Instructions) Retired       Amount of Contribution (S) S29.1         Principal occupation / Job title (See Instructions) Retired       Full name of contributor Vaco, TX 76705       Amount of Contribution (S) S29.1         Principal occupation / Job title (See Instructions) Retired       Full na				
McLennan County Republican Women PAC       00018802         4       Date 12/22/2024       Image: Principal decomposition of the state PAC (ID#) Frincipal decomposition / Job title (See Instructions) Director       7       Amount of Contribution (\$) S260.4         8       Principal decomposition / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco       Amount of Contribution (\$) S104.1         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#) Protection       Amount of Contribution (\$) S104.1         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#) Protection       Amount of Contribution (\$) S104.1         Principal decomposition / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S104.1         Date 12/204/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S41.6         Date 12/204/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S29.1         Date 11/03/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S29.1         Principal decomposition / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S29.1         Principal decomposition / Job ti	The Instru	ction Guide explains how to complete this f	orm.	
McLennan County Republican Women PAC       00018802         4       Date 12/22/2024       Image: Principal decomposition of the state PAC (ID#) Frincipal decomposition / Job title (See Instructions) Director       7       Amount of Contribution (\$) S260.4         8       Principal decomposition / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco       Amount of Contribution (\$) S104.1         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#) Protection       Amount of Contribution (\$) S104.1         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#) Protection       Amount of Contribution (\$) S104.1         Principal decomposition / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S104.1         Date 12/204/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S41.6         Date 12/204/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S29.1         Date 11/03/2024       Full name of contributor       out-of-state PAC (ID#) Retired       Amount of Contribution (\$) S29.1         Principal decomposition / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) S29.1         Principal decomposition / Job ti	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
12/22/2024       Pisciotta, John       S260.4         6       Contributor address; City; State; Zip Code       Vaco, TX 76710         8       Principal occupation / Job title (See Instructions)       P         Date       Full name of contributor       out-of-state PAC (ID#				
6       Contributor address; City; State; Zip Code         Waco, TX 76710       Pincipal occupation / Job title (See Instructions)         Director       Pill name of contributor out-of-state PAC (ID#;)         Amount of Contribution (\$)       Pill name of contributor         12/11/2024       Full name of contributor         Vaco, TX 76708       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor         Date       Full name of contributor         12/04/2024       Full name of contributor         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Contributor address; City; State; Zip Code         Vaco, TX 76705       Employer (See Instructions)         Retired       Employer (See Instructions)         Retired       Contributor address; City; State; Zip Code         Vaco, TX 76705       Employer (See Instructions)         Retired       Quiram, Helen         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Vaco, TX 76710       Employer (See Instructions)         Retired       Vaco, TX 76710	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
6       Contributor address; City; State; Zip Code         Waco, TX 76710       Principal occupation / Job title (See Instructions) Director       Perployer (See Instructions) Pro-Life Waco         Date       Full name of contributor out-of-state PAC (Der) Plot, Doreen       Amount of Contribution (\$) \$104.1         Contributor address; City; State; Zip Code       Mount of Contribution (\$) Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (IDer       Amount of Contribution (\$) \$12/04/2024         Pate       Full name of contributor out-of-state PAC (IDer       Amount of Contribution (\$) \$41.6         Date       Full name of contributor out-of-state PAC (IDer       Amount of Contribution (\$) \$41.6         Date       Full name of contributor out-of-state PAC (IDer       Amount of Contribution (\$) \$41.6         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$29.1         1J/03/2024       Full name of contributor out-of-state PAC (IDer)       Amount of Contribution (\$) \$29.1       \$29.1         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$) \$29.1         Principal occupation / Job title (See Instruc	12/22/2024			\$260.
8       Principal occupation / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#:				1
8       Principal occupation / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#:				
8       Principal occupation / Job title (See Instructions) Director       9       Employer (See Instructions) Pro-Life Waco         Date 12/11/2024       Full name of contributor       out-of-state PAC (ID#:				
Director       Pro-Life Waco         Date       Full name of contributor       out-of-state PAC (ID#;)       Amount of Contribution (\$)         12/11/2024       Plott, Doreen       Contributor address; City; State; Zip Code       \$104.1         Waco, TX 76708       Employer (See Instructions)       Retired         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         12/04/2024       Full name of contributor       out-of-state PAC (ID#;		Waco, TX 76710		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/11/2024       Plott, Doreen       \$104.1         Contributor address; City; State; Zip Code       Waco, TX 76708       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Retired       Out-of-state PAC (ID#:		pation / Job title (See Instructions)		\$)
12/11/2024       Plott, Doreen       \$104.1         Contributor address; City; State; Zip Code       waco, TX 76708         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Full name of contributor       out-of-state PAC (ID#;         Date       Full name of contributor       out-of-state PAC (ID#;       Amount of Contribution (\$)         12/04/2024       Price, Janet       S41.6         Contributor address; City; State; Zip Code       Manount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Waco, TX 76705       Employer (See Instructions)         Retired       Full name of contributor       out-of-state PAC (ID#;         11/03/2024       Full name of contributor       out-of-state PAC (ID#;         11/03/2024       Quiram, Helen       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76710       Employer (See Instructions)         Retired       Employer (See Instructions)         Retired       Retired	Director		Pro-Life Waco	
Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (D#:)         12/04/2024       Full name of contributor       out-of-state PAC (D#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Waco, TX 76705       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Retired         Date       Full name of contributor       out-of-state PAC (D#:)         Amount of Contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         Retired       Quiram, Helen       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/03/2024       Quiram, Helen       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76710       Employer (See Instructions)       \$29.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.1         Waco, TX 76710       Employer (See	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code       waco, TX 76708         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:	12/11/2024			\$104.
Waco, TX 76708       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/04/2024       Frice, Janet       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Waco, TX 76705       Employer (See Instructions) Retired       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/03/2024       Full name of contributor       state; Zip Code         Waco, TX 76710          Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired				1
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         12/04/2024       Price, Janet       Amount of Contribution (\$)         200       Price, Janet       \$41.6         Contributor address; City; State; Zip Code       Maco, TX 76705         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         11/03/2024       Guiram, Helen        Amount of Contribution (\$)         Waco, TX 76710       Waco, TX 76710       Employer (See Instructions) Retired         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired				
Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Price, Janet       Amount of Contribution (\$)         12/04/2024       Frice, Janet       \$41.6         Contributor address; City, State; Zip Code       Maco, TX 76705         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Retired       Amount of Contribution (\$)         11/03/2024       Full name of contributor       out-of-state PAC (ID#:) Quiram, Helen       Amount of Contribution (\$)         Vaco, TX 76710       Waco, TX 76710       Employer (See Instructions) Retired       Set instructions) Retired				
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         12/04/2024       Price, Janet       Amount of Contribution (\$)         2000       Price, Janet       \$41.6         Contributor address; City; State; Zip Code       Full name of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/03/2024       Quiram, Helen       Amount of Contribution (\$)       \$29.1         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$29.1         Vaco, TX 76710       Employer (See Instructions)       \$29.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.1         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$29.1         Retired       Retired       Retired       Yet Part Part Part Part Part Part Part Par	I	Waco, TX 76708		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/04/2024       Price, Janet       \$\$41.6         Contributor address; City; State; Zip Code       Waco, TX 76705         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         11/03/2024       Quiram, Helen       Amount of Contribution (\$)         11/03/2024       Quiram, Helen       \$\$29.1         Vaco, TX 76710       Employer (See Instructions) Retired       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Amount of Contribution (\$)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
12/04/2024 Price, Janet \$41.6   Contributor address; City; State; Zip Code Waco, TX 76705   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Retired Retired   Date Full name of contributor   Quiram, Helen out-of-state PAC (ID#:)   Quiram, Helen Contributor address; City; State; Zip Code   Waco, TX 76710 Waco, TX 76710   Principal occupation / Job title (See Instructions) Employer (See Instructions)   Retired Retired	Retired	1	Retired	
Contributor address; City; State; Zip Code       Waco, TX 76705         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired         Date       Full name of contributor out-of-state PAC (ID#:) Quiram, Helen       Amount of Contribution (\$)         11/03/2024       Full name of contributor contributor       out-of-state PAC (ID#:)         Vaco, TX 76710       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired       Employer (See Instructions) Retired	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code     Waco, TX 76705       Principal occuration / Job title (See Instructions)     Employer (See Instructions)       Retired     Full name of contributor out-of-state PAC (ID#:)       Date     Full name of contributor out-of-state PAC (ID#:)       11/03/2024     Quiram, Helen       Contributor address; City; State; Zip Code     Amount of Contribution (\$)       Vaco, TX 76710     Employer (See Instructions)       Principal occuration / Job title (See Instructions)     Employer (See Instructions)       Retired     Employer (See Instructions)	12/04/2024			\$41.
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         11/03/2024       Quiram, Helen       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Vaco, TX 76710         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Employer (See Instructions)         Retired       Employer (See Instructions)				1
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Retired     Employer (See Instructions)       Date     Full name of contributor     out-of-state PAC (ID#:)       11/03/2024     Quiram, Helen     Amount of Contribution (\$)       Contributor address; City; State; Zip Code     Vaco, TX 76710       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Retired     Employer (See Instructions)       Retired     Employer (See Instructions)				
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)         11/03/2024       Quiram, Helen       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Vaco, TX 76710         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Employer (See Instructions)         Retired       Employer (See Instructions)				
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/03/2024       Quiram, Helen       \$29.1         Contributor address; City; State; Zip Code       Vaco, TX 76710       \$29.1         Principal occuration / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)         Retired       Employer (See Instructions)       Retired		Waco, TX 76705		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/03/2024       Quiram, Helen       \$29.1         Contributor address; City; State; Zip Code       Waco, TX 76710         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)
11/03/2024       Quiram, Helen       \$29.1         Contributor address; City; State; Zip Code       \$29.1         Waco, TX 76710       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Retired       Retired	Retired		Retired	
Contributor address; City; State; Zip Code       Waco, TX 76710       Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Retired	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
Contributor address; City; State; Zip Code         Waco, TX 76710         Principal occupation / Job title (See Instructions)         Retired         Employer (See Instructions)         Retired	11/03/2024			\$29.
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired				1
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired				
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired				
Retired Retired		Waco, TX 76710		
		pation / Job title (See Instructions)		3)
	Retired		Retired	
Date Full name of contributor i out-of-state PAC (ID#:) Amount of Contribution (\$)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/04/2024	ROBB, JOY		\$29.
		Contributor address; City; State; Zip Code		1
		Woodway, TX 76712		
Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Contributor address; City; State; Zip Code	ADMINISTR	ATIVE ASST	BEAR CREEK CONSTR	RUCTION
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)	11/03/2024 Principal occu Retired Date	Quiram, Helen Contributor address; City; State; Zip Code Waco, TX 76710 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ ROBB, JOY	Employer (See Instructions Retired	\$ 5) Amount of Contribution (\$)
	11/04/2024			φ23.
		Contributor address; City; State; Zip Code		
Contributor address; City; State; Zip Code		-	i	
Contributor address; City; State; Zip Code Woodway, TX 76712				
Contributor address; City; State; Zip Code         Woodway, TX 76712         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	ADIVITIVISTI	ATIVE A331	DEAR UREEN CONST	
Contributor address; City; State; Zip Code Woodway, TX 76712				

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 42/57 Rpt: 45/158	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
	County Republican Women PAC		00018802	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/05/2024	Raphael, Susan		\$41	1.67
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76711			
Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions		
Retired		Retired	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Renfro, Linda		\$29	9.17
	Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/07/2024	Renfro, Linda		\$20	0.83
	Contributor address; City; State; Zip Code			
D in single and	Hewitt, TX 76643		、 、	
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	• ~ 7
12/06/2024	Reynolds, Marilyn		\$41	1.67
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Traffic Direc	tor	M&M Broadcasters		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/27/2024	Reynolds, Marilyn		\$52	2.40
	Contributor address; City; State; Zip Code			
	Waco, TX 76712			
	upation / Job title (See Instructions)	Employer (See Instructions	)	
Traffic Direc	tor	M&M Broadcasters		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 43/57 Rpt: 46/158	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	County Republican Women PAC		00018802	,10)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
11/12/2024	Rice, David		\$	20.00
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76710			
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	3)	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)	
11/07/2024	Rice, Dawn	/		56.00
11/01/2021			· · · · · · · · · · · · · · · · · · ·	
	Contributor address; City; State; Zip Code			
	Wess TV 70710			
	Waco, TX 76710			
	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/11/2024	Rice, Dawn		\$	640.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	8)	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/31/2024	Rice, Dawn	)	.,	62.50
12/31/2024			Ψ	02.50
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/08/2024	Ritch, Pamela	)		58.33
11/06/2024				50.55
	Contributor address; City; State; Zip Code			
	Weee TX 76710			
	Waco, TX 76710	1		
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired		Retired		

	The Instru	ction Guide explains how to complete this fo	orm.		Fotal pages Schedule A1: Sch: 44/57 Rpt: 47/158	
2	FILER NAME			_	Filer ID (Ethics Commission	n Filers)
		County Republican Women PAC			00018802	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 /	Amount of Contribution (\$)	
	10/29/2024	Robbins, Anna				\$20.83
		6 Contributor address; City; State; Zip Code				
		Bruceville, TX 76630				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	SSG		CSR			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/07/2024	Robinson, Suzy				\$145.83
		Contributor address; City; State; Zip Code		·		
		· · · · · · · · · · · · · · · · · · ·				
		McGregor, TX 76657				
	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 (\$)	
	12/27/2024	Robinson, Suzy				\$312.81
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
	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 (\$)	
	12/11/2024	Rountree, Lillian				\$40.00
		Contributor address; City; State; Zip Code		•		
		· · · · · · · · · · · · · · · · · · ·				
		Waco, TX 76710				
	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 (\$)	
	11/08/2024	Ruhl, Karla				\$29.17
		Contributor address; City; State; Zip Code				
		McGregor, TX 76657				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Retired		Retired			
$\vdash$						
L						

·				
The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/57 Rpt: 48/158	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/14/2024	Ruiz, Glenda			\$41.67
	6 Contributor address; City; State; Zip Code			
	Hewitt, TX 76643			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/06/2024	Russell, David			\$56.00
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Retired		Retired		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/07/2024	Sams, Donna			\$29.17
	Contributor address; City; State; Zip Code			
	······································			
	Waco, TX 76708			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Retired		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/12/2024	Sams, Donna	······································	.,	5104.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76708			
Principal occu	upation / 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	Schreiber, Pam			\$60.00
	Contributor address; City; State; Zip Code			
	······································			
	WACO, TX 76712			
Principal occı	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Retired		Retired		
1				

The Instrue	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1:
		-	Sch: 46/57 Rpt: 49/158
2 FILER NAME	Nevert - Depublican Woman DAC		<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date 11/12/2024	5 Full name of contributor out-of-state PAC (ID#: Schumacher, Carol	)	7 Amount of Contribution (\$) \$28.0
11/12/2024	Schumacher, Carol		φ20.0
	6 Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)
11/12/2024	Schumacher, Carol		\$40.0
	Contributor address; City; State; Zip Code		1
Duincipal acou	Woodway, TX 76712		<u> </u>
Principal occup Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
	<b></b>		1
Date		)	Amount of Contribution (\$)
11/06/2024	Scoggins, Lydia		\$28.0
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ٤)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/16/2024	Scott, Melva		\$41.6
	Contributor address; City; State; Zip Code		
D in single and	Waco, TX 76712		<u></u>
Principal occup Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	3)
			1 (4)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/31/2024	Scura, Cathleen		\$260.7
	Contributor address; City; State; Zip Code		
1			
	Waco, TX 76710		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Retired		Retired	, ,

The Instruction Guide explains how to complete this form.       1       Total pages Sched Sch: 47/57 Rpt: 9         2       FILER NAME MCLennan County Republican Women PAC       3       Filer ID (Ethics C 00018802         4       Date Date Sched, Kim       5       Full name of contributor Or Out-of-state PAC (ID#:)       7       Amount of Contributor Sched, Contributor Address; City; State; Zip Code       7       Amount of Contributor Sched, Rose       7       Amount of Contributor Sched, Sched, Rose       7       Amount of Contributor Sched, Sched, Rose       7       Sched, Rose       7 <th>0/158 ommission Filers) tion (\$) \$41.67</th>	0/158 ommission Filers) tion (\$) \$41.67
McLennan Currty Republican Women PAC       00018802         4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7 Amount of Contributor         11/20/2024       Sheldon, Kim       6 Contributor address; City; State; Zip Code       7 Amount of Contributor         8 Principal occurtion / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of Contributor         Retired       Full name of contributor       out-of-state PAC (ID#:	tion (\$) \$41.67 tion (\$)
McLennan County Republican Women PAC       00018802         4       Date       5       Full name of contributor       out-of-state PAC (ID#:)       7       Amount of Contributor         11/20/2024       Sheldon, Kim       6       Contributor address; City; State; Zip Code       7       Amount of Contributor         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose       Contributor address; City; State; Zip Code       Amount of Contributor         Vaco, TX 76708       Employer (See Instructions) Retired       Amount of Contributor         Principal occupation / Job title (See Instructions) Retired       Employer (See Instructions) Self Employed         Principal occupation / Job title (See Instructions) Retaite PAC (ID#:	tion (\$) \$41.67 tion (\$)
11/20/2024       Sheldon, Kim         6       Contributor address; City; State; Zip Code         Waco, TX 76708       9         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribut         11/14/2024       Shook, Rose       Contributor address; City; State; Zip Code       Amount of Contribut         Vaco, TX 76708       Employer (See Instructions) Retired       Amount of Contribut         Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Self Employed       Amount of Contribut         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribut         Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Self Employed       Amount of Contribut         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribut         12/31/2024       Short, Patti       Out-of-state PAC (ID#:)       Amount of Contribut	\$41.67 tion (\$)
6       Contributor address; City; State; Zip Code         Waco, TX 76708       9         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:) Shook, Rose       Amount of Contribut Contributor address; City; State; Zip Code         Vaco, TX 76708       Vaco, TX 76708       Employer (See Instructions) Realtor         Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Self Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribut       Short, Patti       Amount of Contribut	tion (\$)
6       Contributor address; City; State; Zip Code         Waco, TX 76708       Waco, TX 76708         8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose	
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose	
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose       Contributor address; City; State; Zip Code       Amount of Contributor         Waco, TX 76708       Waco, TX 76708       Employer (See Instructions) Realtor       Employer (See Instructions) Self Employed         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         12/31/2024       Short, Patti       Amount of Contributor       Amount of Contributor	
8       Principal occupation / Job title (See Instructions) Retired       9       Employer (See Instructions) Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose	
Retired       Retired         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contributor         11/14/2024       Shook, Rose       Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Waco, TX 76708       Waco, TX 76708       Employer (See Instructions)         Realtor       Self Employed         Date       Full name of contributor       out-of-state PAC (ID#:)         12/31/2024       Short, Patti       Out-of-state PAC (ID#:)	
11/14/2024       Shook, Rose         Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Realtor         Date         Full name of contributor         12/31/2024         Short, Patti	
Contributor address; City; State; Zip Code         Waco, TX 76708         Principal occupation / Job title (See Instructions)         Realtor         Date         12/31/2024    Full name of contributor low-of-state PAC (ID#:) Amount of Contributor	ΨU2.50
Waco, TX 76708     Employer (See Instructions)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Self Employed       Date     Full name of contributor out-of-state PAC (ID#:)       12/31/2024     Short, Patti	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Self Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       12/31/2024     Short, Patti	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Self Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       12/31/2024     Short, Patti	
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Self Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       12/31/2024     Short, Patti	
Realtor     Self Employed       Date     Full name of contributor     out-of-state PAC (ID#:)       12/31/2024     Short, Patti	
12/31/2024 Short, Patti	
12/31/2024 Short, Patti	tion (\$)
	\$29.48
McGregor, TX 76657	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date         Full name of contributor         out-of-state PAC (ID#:)         Amount of Contributor	
11/12/2024 Shoultz, Franny	\$52.08
Contributor address; City; State; Zip Code	
Waco, TX 76712	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Retired Retired	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribu	tion (\$)
11/06/2024 Shoultz, Fransara	
Contributor address; City; State; Zip Code	\$29.17
Woodway, TX 76712	
Woodway, TX 76712       Principal occupation / Job title (See Instructions)       Retired       Employer (See Instructions)       Retired	

Image: Principal occurrence in the instruction of the inst	n Filers) \$208.65
McLennan C       00018802         A Date       5       Full name of contributor out-of-state PAC (ID#:)       7       Amount of Contribution (\$)         12/23/2024       Siebert, Jeffrey       6       Contributor address; City; State; Zip Code       7         Lorena, TX 76655       Lorena, TX 76655       100018802       100018802	
McLennan County Republican Women PAC       00018802         4 Date       5 Full name of contributor out-of-state PAC (ID#:)       7 Amount of Contribution (\$)         12/23/2024       6 Contributor address; City; State; Zip Code       12/23/2024         Lorena, TX 76655       Lorena, TX 76655	
12/23/2024 Siebert, Jeffrey 6 Contributor address; City; State; Zip Code Lorena, TX 76655	\$208.65
6 Contributor address; City; State; Zip Code Lorena, TX 76655	\$208.65
6 Contributor address; City; State; Zip Code Lorena, TX 76655	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Retired Retired	
Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	
11/08/2024 Siegmund, Charlotte	\$29.17
Contributor address; City; State; Zip Code	
China Spring, TX 76633	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Realtor Coldwell Banker Apex Realtors	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$)	
12/10/2024 Siegmund, Charlotte	\$41.67
Contributor address; City; State; Zip Code	
China Spring, TX 76633	
China Spring, TX 76633       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)       Realtor     Coldwell Banker Apex Realtors       Date     Full name of contributor     out-of-state PAC (ID#:)       12/18/2024     Smith, Linda	\$41.67
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Coldwell Banker Apex Realtors       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)	\$41.67
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Realtor     Coldwell Banker Apex Realtors       Date     Full name of contributor     out-of-state PAC (ID#:)       12/18/2024     Smith, Linda	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor out-of-state PAC (ID#:)         12/18/2024       Smith, Linda         Contributor address; City; State; Zip Code       Amount of Contribution (\$)	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor out-of-state PAC (ID#:)         12/18/2024       Smith, Linda         Contributor address; City; State; Zip Code       McGregor, TX 76517	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       McGregor, TX 76517         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/18/2024       Smith, Linda       Contributor address; City; State; Zip Code       Image: Contributor address in the contributor in the contrin the contributor in the contributor in the contribut	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       McGregor, TX 76517         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)	\$41.67
Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       Amount of Contributions) Homemaker         Principal occupation / Job title (See Instructions) Homemaker       Employer (See Instructions) Homemaker       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/29/2024       Smith, Steve       Smith, Steve       Amount of Contribution (\$)	\$41.67
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/18/2024       Smith, Linda       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         McGregor, TX 76517       McGregor, TX 76517       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Homemaker       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       Out-of-state PAC (ID#:)	
Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       Amount of Contributions) Homemaker         Principal occupation / Job title (See Instructions) Homemaker       Employer (See Instructions) Homemaker       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/29/2024       Smith, Steve       Smith, Steve       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Homemaker         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Homemaker       Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/29/2024       Smith, Steve       Smith, Steve       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Realtor       Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Homemaker         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Homemaker         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/29/2024       Smith, Steve       Smith, Steve       Amount of Contribution (\$)	
Principal occupation / Job title (See Instructions) Realtor       Employer (See Instructions) Coldwell Banker Apex Realtors         Date       Full name of contributor       out-of-state PAC (ID#:)         12/18/2024       Smith, Linda       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       McGregor, TX 76517       Amount of Contributions) Homemaker         Principal occupation / Job title (See Instructions) Homemaker       Employer (See Instructions) Homemaker       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         10/29/2024       Smith, Steve       Contributor address; City; State; Zip Code       Amount of Contribution (\$)	

The Instru	ction Guide explains how to complete this f	örm.	1 Total pages Schedule A1: Sch: 49/57 Rpt: 52/158	
2 FILER NAME			3 Filer ID (Ethics Commission F	Filers)
McLennan C	County Republican Women PAC		00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/01/2024	Smith, Steve			\$260.42
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76701			
Principal occur	upation / Job title (See Instructions)	9 Employer (See Instructions)	<u></u>	
	th Court of Appeals	State of Texas	·)	
		1		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 20.17
11/07/2024				\$29.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Retired		Employer (See Instructions) Retired	<i>i)</i>	
		1		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	÷40447
12/14/2024	Stamps, Connie			\$104.17
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Princinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Retired		Retired	·)	
		1	Amount of Contribution (ft)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	4001 OF
11/04/2024	Staples, Judith			\$281.25
	Contributor address; City; State; Zip Code			
	Woodway, TX 76712			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	2)	
Retired		Retired	7	
		1	Account of Operativities (A)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	Φ100 00
12/26/2024	Starr, Alice			\$100.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76710			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>	
Consultant		Self Employed	·)	

The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 50/57 Rpt: 53/158	
2 FILER NAME	3	Filer ID (Ethics Commission	Filers)
McLennan County Republican Women PAC		00018802	,
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) 7	Amount of Contribution (\$)	
12/14/2024 Stucky, Shirley Ann			\$41.67
6 Contributor address; City; State; Zip Code			
Waco, TX 76710			
8 Principal occupation / Job title (See Instructions)       9 Employer (See Instru- Retired         9 Retired       Retired	ctions)		
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
11/14/2024 Swartz, Donna			\$41.67
Contributor address; City; State; Zip Code			
Waco, TX 76707			
Principal occupation / Job title (See Instructions) Employer (See Instru-	ctions)		
Retired Retired	Clions		
		1	
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	<b>ተ1 67</b>
12/10/2024 Swartz, Donna			\$1.67
Contributor address; City; State; Zip Code			
Waco, TX 76707			
Principal occupation / Job title (See Instructions) Employer (See Instru-	ctions)		
Retired Retired			
Date Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/22/2024 Taylor, Anne			\$52.40
Contributor address; City; State; Zip Code			
Waco, TX 76710			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
Retired			
Date         Full name of contributor         out-of-state PAC (ID#:)		Amount of Contribution (\$)	
11/12/2024 Tetens, Josh			\$56.00
Contributor address; City; State; Zip Code			
Waco, TX 76707			
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)		
	ctions)		

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/57 Rpt: 54/158	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filer	rs)
-		County Republican Women PAC		00018802	<i></i>
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	11/12/2024	Tetens, Josh		\$	60.00
		6 Contributor address; City; State; Zip Code			
		Waco, TX 76707			
8		upation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	District Attor	ney	McLennan County		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/20/2024	Tichenor, Roxy		\$10	04.17
		Contributor address; City; State; Zip Code			
		Woodway, TX 76712			
		upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Homemaker		Homemaker		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/05/2024	Tipton, Barbara		\$2	29.17
		Contributor address; City; State; Zip Code			
		Woodway, TX 76712			
		upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Retired		Retired		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/07/2024	Turner, Kathy		\$2	29.17
		Contributor address; City; State; Zip Code			
		McGregor, TX 76657			
		upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Retired		Retired		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	11/07/2024	Umberger, Charlene		\$2	28.00
		Contributor address; City; State; Zip Code			
		Waco, TX 76710			
		upation / Job title (See Instructions)	Employer (See Instructions	s)	
	Retired		Retired		
					l

The Inst	ruction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 52/57 Rpt: 55/158
2 FILER NAM	ЛЕ		<b>3</b> Filer ID (Ethics Commission Filers)
	n County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)
12/20/202	Umberger, Charlene		\$52.4
	6 Contributor address; City; State; Zip Code		
Dringinglight	Waco, TX 76710	Employer (See Instructions)	<u> </u>
8 Principal of Retired	ccupation / Job title (See Instructions)	9 Employer (See Instructions) Retired	)
Date		:)	Amount of Contribution (\$)
11/07/202			\$56.0
	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal of	ccupation / Job title (See Instructions)	Employer (See Instructions)	)
Retired		Retired	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/20/202		·/	\$40.0
±=,=,,=,==	Contributor address; City; State; Zip Code		
	Waco, TX 76712		
Principal o	ccupation / Job title (See Instructions)	Employer (See Instructions)	)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/12/202			\$40.0
	Contributor address; City; State; Zip Code		
	Lorena, TX 76655		
	ccupation / Job title (See Instructions)	Employer (See Instructions)	)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
11/06/202	Wedemeyer, Ruth		\$29.1
	Contributor address; City; State; Zip Code		
	Dahingan TV 76706		
Dringinglig	Robinson, TX 76706		L
-	ccupation / Job title (See Instructions)	Employer (See Instructions)	)
Sonograp	ner	Ascension Providence	

				_		
	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 53/57 Rpt: 56/158	
2	FILER NAME		. <u></u>	3	Filer ID (Ethics Commission	n Filers)
		County Republican Women PAC			00018802	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/12/2024	Wedemeyer, Ruth				\$100.00
		6 Contributor address; City; State; Zip Code	,	1		
		Robinson, TX 76706				
8	Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Sonographe		Ascension Providence			
—	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	12/29/2024	West, Stephanie	/			\$500.00
	<b>*=</b> , <b>=</b>			1		<b>TO T T</b>
		Waco, TX 76712				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Business Ov		Self Employed			
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/03/2024	West, Thomas	/		, who can be a second	\$29.17
	Contributor address; City; State; Zip Code				·	
		Waco, TX 76712				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Judge		State of Texas			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/18/2024	West, Thomas				\$52.08
		Contributor address; City; State; Zip Code		1		
		Waco, TX 76712				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Judge		State of Texas			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/01/2024	White, Barbara				\$41.67
		Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	1		
		Waco, TX 76706	-			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Business Ov	vner	Self Employed			
			1			

The Instructio	n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 54/57 Rpt: 57/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ty Republican Women PAC		00018802
4 Date 5	Full name of contributor 🛛 out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/20/2024	White, Barbara		\$104.48
6	Contributor address; City; State; Zip Code		
,	Waco, TX 76706		
8 Principal occupatio	n / Job title (See Instructions)	9 Employer (See Instructions	)
Business Owner		Self Employed	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/05/2024	Whitsell, Lori		\$58.33
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions	)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	Whitsell, Lori	· · · · · · · · · · · · · · · · · · ·	\$260.42
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions	)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/12/2024	Whitsell, Lori		\$1,000.00
	Contributor address; City; State; Zip Code		
	Woodway, TX 76712		
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/07/2024	Wieckowski, Gretchen		\$56.00
	Contributor address; City; State; Zip Code		
	Waco, TX 76706		
	n / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	

The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 55/57 Rpt: 58/158	
2 FILER NAME				Filer ID (Ethics Commission	ı Filers)
	County Republican Women PAC			00018802	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
12/01/2024	Wieckowski, Gretchen Hardey				\$40.00
	6 Contributor address; City; State; Zip Code		1		
2 Dringing occu	Waco, TX 76706-4505	1. Employer (See Instructions	<u> </u>		
8 Principal occu Retired	upation / Job title (See Instructions)	9 Employer (See Instructions) Retired	3)		ļ
			<del>—</del>	the state of Constribution (¢)	
Date 11/03/2024	Full name of contributor out-of-state PAC (ID#: Wilhite, Laura	)		Amount of Contribution (\$)	\$28.00
11/03/2024	Contributor address; City; State; Zip Code		•		Φ20.00
					ļ
	Eddy, TX 76524				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
Business Ov	vner	Self Employed			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
11/15/2024	Wilhite, Laura				\$41.67
	Contributor address; City; State; Zip Code		1		
Dringing occu	Eddy, TX 76524		Ĺ		
Principal occu Business Ov	upation / Job title (See Instructions) wher	Employer (See Instructions) Self Employed	5)		
	- -		<del>—</del>	( Oratility tion (c)	
Date 12/31/2024	Full name of contributor out-of-state PAC (ID#: Wilkey, Heather	)		Amount of Contribution (\$)	\$40.00
1213112024	-		•		<b>Φ40.00</b>
	Contributor address; City; State; Zip Code				
	China Spring, TX 76633				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	5)		
SAHM		SAHM			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
11/08/2024	Williams, Barbara				\$28.00
	Contributor address; City; State; Zip Code		1		
	Monduny TV 76710				
Dringing occu	Woodway, TX 76712		<u> </u>		
Principal occu Realtor	upation / Job title (See Instructions)	Employer (See Instructions) Carmille Johnson Realto			
Realton			013		

		·	
The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 56/57 Rpt: 59/158
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	County Republican Women PAC		00018802
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/07/2024	Williams, Sandra		\$56.00
	6 Contributor address; City; State; Zip Code		1
	Woodway, TX 76712		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Retired		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/10/2024	Williams, Sandra		\$60.00
	Continuation address, City, State, Zip Code		
	Woodway, TX 76712		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Retired		Retired	>)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/08/2024	Wood, Annette		\$29.17
	Contributor address; City; State; Zip Code		1
	Waco, TX 76710		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Homemaker		Homemaker	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/08/2024	Wright, Jane		\$29.17
	Contributor address; City; State; Zip Code		•
	Continuou address, City, State, Zip Code		
	Waco, TX 76708		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Retired		Retired	,
	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)
Date		)	\$41.67
11/11/2024	Wright, Jane		Φ+τ.υ <i>ι</i>
	Contributor address; City; State; Zip Code		
	Waco, TX 76708		
	pation / Job title (See Instructions)	Employer (See Instructions	3)
Retired		Retired	

				-		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 57/57 Rpt: 60/158	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
[		County Republican Women PAC		ľ	00018802	1 11010)
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/01/2024	Zimmerman, Donna				\$60.00
		6 Contributor address; City; State; Zip Code		1		
		HEWITT, TX 76643				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/06/2024	najvar, michael				\$41.67
				1		
		gonzales, TX 78629				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
	Retired		Retired	-)		
╞				_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	<b>•</b> • • • • <b>• •</b>
	12/30/2024	najvar, michael				\$41.67
		Contributor address; City; State; Zip Code				
		gonzales, TX 78629				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
1						
1						
1						
1						

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 Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I	ayment/Reimbursement erhead/Rental Expense cpense :xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 1	Filer ID (Ethics Commission Filers)
Sch: 1/98 Rpt: 61/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/07/2024	Amazon		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$49.78	1200 12th Avenue South, Suite 1200		
Expenditure from corporate funds	Seattle, WA 98144		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense		e of Texas. Complete Schedule T.
			fficeholder living expense
		Republican Pins	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ıght	Office held
Date	Payee name		
10/29/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
φ1.47			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. Ifficeholder living expense Drm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ıght	Office held
Date	Payee name		
10/29/2024	Anedot, Inc.		
		odo	
Amount (\$)	Payee address; City; State; Zip C	Jue	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		e of Texas. Complete Schedule T.
			fficeholder living expense
		Fundraising Platfo	orm ⊢ee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office C Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 2/98 Rpt: 62/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
10/29/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	_	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	form Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
10/29/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	òde	
.,			
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	L Candidate/Officeholder name Office so H	l ught	Office held
Date	Payee name		
10/29/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	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	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 3/98 Rpt: 63/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
10/29/2024	Anedot, Inc.		
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	
		i unuruising i iu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	l ught	Office held
Date	Payee name		
10/29/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.13	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
Date	Payee name		
10/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.63	1340 Poydras Street, Suite 1770		
\$2.00			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	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 Rep Fees Office Ov Food/Beverage Expense Polling E2 - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 4/98 Rpt: 64/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
10/30/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Plat	
		j	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	I Ight	Office held
Date	Payee name		
10/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
10/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing Exp	ment/Reimbursement Soli nead/Rental Expense Tra ense Tra nense Tra igges/Contract Labor OTI	icitation/Fundraising Expense nsportation Equipment & Related Expense vel in District vel Out of District HER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 File	er ID (Ethics Commission Filers)
Sch: 5/98 Rpt: 65/158	McLennan County Republican Women PAC	00	018802
4 Date	5 Payee name		
10/31/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	e	
\$2.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
EXPENDITURE	Fees	Check if travel outside of Check if Austin, TX, offic	Texas. Complete Schedule T.
		Fundraising Platfor	
		T unutaising T lation	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
11/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$3.66	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees		Texas. Complete Schedule T.
		Check if Austin, TX, offic	
		Fundraising Platfor	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
11/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees		Texas. Complete Schedule T.
		Check if Austin, TX, offic	
		Fundraising Plation	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht	Office held
expenditure to benefit C/OI			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling f - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 6/98 Rpt: 66/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outsid	de of Texas. Complete Schedule T.
EXPENDITORE			officeholder living expense
		Fundraising Plat	form Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sc H	ught	Office held
Date	Payee name		
11/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
.,			
Φ1.47	\$1.47 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sc H	ught	Office held
Date	Payee name		
11/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	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	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 7/98 Rpt: 67/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/01/2024	Anedot, Inc.		
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	
		i unuruising i ic	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	l ıght	Office held
Date	Pavee name		
11/01/2024	Anedot, Inc.		
		ada	
Amount (\$)	Payee address; City; State; Zip Co	Jue	
\$1.47	\$1.47 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
Date	Payee name		
11/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.54	1340 Poydras Street, Suite 1770		
\$ <b>2.0</b> 4			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	lght	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 Rep Fees Office Ovr Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 8/98 Rpt: 68/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	
		i unuruising i iu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
11/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. x, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
Date	Payee name		
11/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$2.63	1340 Poydras Street, Suite 1770		
÷=:00			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	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 Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 9/98 Rpt: 69/158	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/02/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Pla	
		i unuruising r lu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	lght	Office held
Date			
11/03/2024	Payee name		
	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
11/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Ψ1.7 <u>C</u>			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense t <b>form Fee</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 10/98 Rpt:	McLennan County Republican Women PAC     3 Filer ID     (Ethics Commission Filers)		
4 Date	5 Payee name		
11/03/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.42	\$1.42 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/03/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Categories instead at the top of this schedule? Creating of the construction of t		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	5		
-			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 11/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/04/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fundaising Pic	
			0///
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
φ1.41			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$3.80	1340 Poydras Street, Suite 1770		
φ0.00			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 12/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/04/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fundraising Pi	
• Complete ONIL V if direct	Condideta/Office helder name	ucht	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	igni	Onice held
Date	Payee name		
11/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Ψ1.41			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pl	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/04/2024	Anedot, Inc.		
		de .	
Amount (\$) \$1.42		JUC	
Φ1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pl	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	B Filer ID (Ethics Commission Filers)	
Sch: 13/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/04/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
			TX, officeholder living expense	
		Fundraising Pl		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/04/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$21.13				
ΦΖΙ.ΙΟ	\$21.13 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. "X, officeholder living expense atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Davea nama			
11/04/2024	Payee name Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ae		
\$11.55	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if travel ou	tside of Texas. Complete Schedule T.	
EAFEINDITURE			X, officeholder living expense	
		Fundraising Pl	atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 14/98 Rpt:	Z FILER NAME     3 Filer ID     (Eunics Commission Filers)       McLennan County Republican Women PAC     00018802		
4 Date	5 Payee name		
11/05/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$10.72	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/05/2024	Anedot, Inc.		
Amount (\$) \$2.63	Payee address;       City;       State;       Zip Code         1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made I Candidate/Officeholder/Politio Credit Card Payment	Fees Office Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense Expense s/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 15/98 Rpt:	McLennan County Republican Women PAC	5	00018802
4 Date	5 Payee name	I	
11/05/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip	Code	
\$14.05	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s DH	bught	Office held
Date	Payee name		
11/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s DH	bught	Office held
Date	Payee name		
11/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip	Code	
\$2.63			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office s DH	bught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 16/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/05/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
		Fundraising Pla	X, officeholder living expense	
		Fundaising Pi		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/05/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$1.47	1340 Poydras Street, Suite 1770			
φ1.47	1340 Poyulas Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense <b>atform Fee</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/05/2024	Anedot, Inc.			
		do		
Amount (\$)		Jue		
\$1.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla	attorm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement vverhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 17/98 Rpt:	McLennan County Republican Women PAC	3	00018802
4 Date	5 Payee name		
11/05/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip (	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so DH	pught	Office held
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	bught	Office held
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	bught	Office held

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 18/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/06/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$11.55	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.63	1340 Poydras Street, Suite 1770		
ψ2.05	\$2.03 1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete ONIL V if direct	Candidate/Officeholder name Office sou	laht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		igni	Onice held
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.63	1340 Poydras Street, Suite 1770		
\$£100			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 19/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/06/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla		
• Complete ONUM 11		l	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/06/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.42	1340 Poydras Street, Suite 1770			
Ψ1.42	\$1.42 1340 Poyulas Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held	
Date	Payee name			
11/06/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$1.47	1340 Poydras Street, Suite 1770			
Ψ1.47				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla	attorm Hee	
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH				

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 Repa Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex	ayment/Reinbursement         Solicitation/Fundraising Expense           rhead/Rental Expense         Transportation Equipment & Related Expense           pense         Travel in District           rayels/Contract Labor         OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 20/98 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		
11/06/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
		r undraising r lation r ce	
<ul> <li>9 Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ul>	Candidate/Officeholder name Office souç H	ght Office held	
	1		
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$2.54	\$2.54 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght Office held	
Date	Payee name		
11/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$1.47	1340 Poydras Street, Suite 1770		
+=+++			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	ght Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhaed/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 21/98 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
11/06/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees     Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
11/06/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if tavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
11/06/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.63	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 22/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/06/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$2.54	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
		Fundraising Pla	X, officeholder living expense	
		Fundaising Pic		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$1.47	1340 Poydras Street, Suite 1770			
φ1.47	1340 Poyulas Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense	
		Fundraising Pla		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$2.54	1340 Poydras Street, Suite 1770			
ΦΖ.34				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla	attorm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held	

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 23/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/07/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$4.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
_/: _:			X, officeholder living expense
		Fundraising Pl	attorm Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.63	1340 Poydras Street, Suite 1770		
ψ2.05			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. 'X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	l ight	Office held
Date	Payoo namo		
11/07/2024	Payee name Anedot, Inc.		
	,		
Amount (\$)	Payee address; City; State; Zip Co	bae	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel ou	tside of Texas. Complete Schedule T.
EAFEINDITURE			X, officeholder living expense
		Fundraising Pl	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Polling / - Gift/Awards/Memorials Expense Printing	payment/Reinbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 24/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/07/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip (	code		
\$1.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		ide of Texas. Complete Schedule T.	
		Fundraising Plat	, officeholder living expense	
		Fundraising Fia		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	ught	Office held	
expenditure to benefit C/O		ugin		
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip (	code		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense	
		Fundraising Plat		
		i unuruising i lu		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office so	ught	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$2.54	1340 Poydras Street, Suite 1770			
Expenditure from				
corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense	
		Fundraising Plat		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	l	Office held	
expenditure to benefit C/O		agni		

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhaed/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 25/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
11/07/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees     Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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	Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing Ex	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 26/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/07/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		de of Texas. Complete Schedule T.	
		Fundraising Plat	officeholder living expense	
		Fundraising Flat		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	abt	Office held	
expenditure to benefit C/O		jiit.	Onice neid	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		de of Texas. Complete Schedule T. officeholder living expense	
		Fundraising Plat		
		i unuruising i lui		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$2.54	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		de of Texas. Complete Schedule T. officeholder living expense	
		Fundraising Plat		
		i anaraioing i lat		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	jht	Office held	

	EXPENDITURE CATEGORIES F	OR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing	payment/Reinbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 27/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/07/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip (	code	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Pla	, officeholder living expense
		Fundraising Fla	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office s	ught	Office held
expenditure to benefit C/OI		ugn	Onice neid
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	code	
\$2.63	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	-	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Pla	, officeholder living expense
		Fundraising Fla	
Complete ONLY if direct	Candidate/Officeholder name Office so	l pught	Office held
expenditure to benefit C/OI	H		
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	code	
\$1.47	1340 Poydras Street, Suite 1770	-	
+=			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Fundraising Pla	
Complete ONUM 11	Condidate/Officek-14-manual		
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhaed/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 28/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
11/07/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$6.13	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E By - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement erhead/Rental Expense kpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 29/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/07/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	e of Texas. Complete Schedule T.
EXPENDITURE	Fees		officeholder living expense
		Fundraising Platf	
		r anaraioing r lati	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	lught	Office held
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ado	
.,		Jue	
\$2.54	\$2.54 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	l ught	Office held
Date	Payee name		
11/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so DH	ught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rrhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 30/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/07/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1.13	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense	
		Fundraising Pla		
		i analalong i la		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense ttform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
11/07/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$2.54	1340 Poydras Street, Suite 1770			
+				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. 4. officeholder living expense ttform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic 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       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 31/98 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
11/08/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
11/08/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
11/08/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			

	EXPENDITURE CATEGORIES F	DR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office ( Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	epayment/Reimbursement werhead/Rental Expense Expense Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 32/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/08/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip (	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	K, officeholder living expense
		Fundialsing Fid	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office s	hught	Office held
expenditure to benefit C/O		Jugin	Onice neid
Date	Payee name		
11/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$1.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense
		Fundraising Pla	
		i unuraising i la	
Complete ONLY if direct	Candidate/Officeholder name Office su	l	Office held
expenditure to benefit C/O	H		
Date	Payee name		
11/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip (	Code	
\$1.47	1340 Poydras Street, Suite 1770		
·			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
			K, officeholder living expense
		Fundraising Pla	
	Condidate/Officet-1days		Office hald
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held			

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	oayment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 33/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/08/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$2.54	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
		Fundraising Plat	officeholder living expense
		Fundraising Flat	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	l	Office held
expenditure to benefit C/O		agint	Onceneu
Date	Payee name		
11/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		de of Texas. Complete Schedule T.
		Fundraising Plat	officeholder living expense
		i unuraising i la	
Complete ONLY if direct	Candidate/Officeholder name Office so	l Jght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
11/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
+=			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	
		L	
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH       Office name       Office sought       Office held			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 34/98 Rpt:	McLennan County Republican Women PAC	5	00018802
4 Date	5 Payee name	I	
11/08/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
			c, officeholder living expense
		Fundraising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught	Office held
Date	Payee name		
11/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.47	1340 Poydras Street, Suite 1770		
Φ1.47	1540 Poyulas Stieet, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. 6, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	l ught	Office held
Date	Payee name		
11/08/2024	Anedot, Inc.		
		a d a	
Amount (\$)	Payee address; City; State; Zip C	oue	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 35/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
11/08/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense	
		Fundraising Pla		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	l Ight	Office held	
Date	Payee name			
11/08/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$2.63	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
11/08/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held	

	EXPENDITURE CATEGORIES FO	R BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reinbursement     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: 36/98 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
11/08/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationn Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	Lught Office held
Date	Payee name	
11/08/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
11/08/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$11.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	1
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught 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 Repa Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Ex	yment/Reinbursement         Solicitation/Fundraising Expense           head/Rental Expense         Transportation Equipment & Related Expens           ense         Travel in District           pense         Travel Out of District           ages/Contract Labor         OTHER (enter a category not listed above)	e
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Fi	lers)
Sch: 37/98 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		
11/09/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de	
\$1.34	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office soug H	ht Office held	
Date	Payee name		
11/11/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$10.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug H	pht Office held	
Date	Payee name		
11/11/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$1.97	1340 Poydras Street, Suite 1770		
+101			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	<ul> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office souc H	ht Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 38/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/11/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. <, officeholder living expense
		Fundraising Pla	
		5	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/11/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. <, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/11/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense Atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 39/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/11/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
_/: _::-::•::=			X, officeholder living expense
		Fundraising Pla	attorm Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$10.30	1340 Poydras Street, Suite 1770		
Φ10.30	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	l ight	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
		do	
Amount (\$)	Payee address; City; State; Zip Co	Jue	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel out	tside of Texas. Complete Schedule T.
EAFENDITURE			X, officeholder living expense
		Fundraising Pla	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing f	oayment/Reimbursement erhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 40/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Plat	, officeholder living expense
		Fundraising Flat	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	l Jaht	Office held
expenditure to benefit C/O		29 m	
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees		ide of Texas. Complete Schedule T.
EXPENDITURE			, officeholder living expense
		Fundraising Plat	tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42	1340 Poydras Street, Suite 1770		
<b>\$1.12</b>			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
······································			, officeholder living expense
		Fundraising Plat	
Complete ONUM 11			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol	Jgnt	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic 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       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 41/98 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
11/12/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I I Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/12/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.70	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/12/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$6.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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	Event Expense Loan Re Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 42/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.13	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Pla	, officeholder living expense
		i unuraising i la	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sol	laht	Office held
expenditure to benefit C/O		igin	Onice neid
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$4.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Pla	
		i unuruising i lu	
Complete ONLY if direct	Candidate/Officeholder name Office so	l ıght	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.10	1340 Poydras Street, Suite 1770		
+=-=0			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Fundraising Pla	
	Condidate/Office helder recent	l	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office held
,			

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 43/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Plat	
		i unuruising riu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	l ught	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from	New Orleans, LA 70112		
corporate funds			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	ide of Texas. Complete Schedule T.
EXPENDITURE	Fees		, officeholder living expense
		Fundraising Plat	tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.10	1340 Poydras Street, Suite 1770		
+			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Plat	, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	l ught	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 Ow Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 44/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.10	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	a, officeholder living expense
		i unuraising i la	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l Ight	Office held
expenditure to benefit C/O	Н		
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
+=			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 45/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
_/: _:			X, officeholder living expense
		Fundraising Pla	attorm Hee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
φ1.90			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	l ıght	Office held
Date	Payee name		
11/12/2024	Anedot, Inc.		
	·	l -	
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	side of Texas. Complete Schedule T.
EXPENDITURE			X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 46/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/12/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fullulaising Pla	allollili Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	gnt	Office held
Date	Payee name		
11/13/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$1.90	1340 Poydras Street, Suite 1770		
φ1.90	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	side of Texas. Complete Schedule T.
EXPENDITORE			X, officeholder living expense
		Fundraising Pla	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
11/13/2024	Anedot, Inc.		
		nde	
Amount (\$)			
\$10.72	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep. Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 47/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	·	
11/13/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	le	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		e of Texas. Complete Schedule T. officeholder living expense
		Fundraising Platf	
		i entenen ig i tene	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ht	Office held
Date	Payee name		
11/13/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$11.55	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	jht	Office held
Date	Payee name		
11/13/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	le	
\$2.70	1340 Poydras Street, Suite 1770	-	
+=•			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		e of Texas. Complete Schedule T. officeholder living expense orm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	Jht	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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 out of District       y -     Gitt/Awards/Memorials Expense     Printing Expense	
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID     (Ethics Commission Filers)	
Sch: 48/98 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
11/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/14/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/14/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.80	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 49/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/14/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	l Iaht	Office held
expenditure to benefit C/O			
Date	Payee name		
11/14/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
11/14/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.80	1340 Poydras Street, Suite 1770		
\$2.00			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	lght	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Pol y - Gift/Awards/Memorials Expense Prin	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4 Total marine Cabadula F1	· · · · · · · · · · · · · · · · · · ·		Eller ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 50/98 Rpt:	Control PA     Control PA     McLennan County Republican Women PA		Filer ID     (Ethics Commission Filers)       00018802
4 Date	5 Payee name		
11/15/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zi	o Code	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF	Fees		side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T	X, officeholder living expense
		Fundraising Pla	atform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought	Office held
Date	Payee name		
11/16/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	o Code	
\$1.97 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF			side of Texas. Complete Schedule T.
EXPENDITURE	Fees		X, officeholder living expense
			• •
		Fundraising Pla	atform Hee
Complete <u>ONLY</u> if direct expenditure to benefit C/O		sought	Office held
Date	Payee name		
11/18/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	o Code	
\$2.38	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description	
OF	Fees		side of Texas. Complete Schedule T.
EXPENDITURE			X, officeholder living expense
		Fundraising Pla	
Complete ONLY if direct	Candidate/Officeholder name Office	e sought	Office held
expenditure to benefit C/O	Н		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement prhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 51/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/18/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$2.80	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense
		Fundraising Pla	
		i unuruising i lu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	I Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
11/19/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
11/19/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$10.72	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. 4. officeholder living expense t <b>tform Fee</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	bayment/Reimbursement verhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 52/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
11/19/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$11.55	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
11/19/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$20.30	1340 Poydras Street, Suite 1770		
φ20.30			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if Austin, TX,	de of Texas. Complete Schedule T. officeholder living expense
		Fundraising Plat	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
11/20/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	nde	
\$4.47	1340 Poydras Street, Suite 1770		
Φ4.47			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Of Food/Beverage Expense Pc Gift/Awards/Memorials Expense Pr	an Repayment/Reimbursement ice Overhead/Rental Expense ling Expense titing Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4 Total marine Cabadula E1			Eller ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 53/98 Rpt:	Country Republican Women PA     McLennan County Republican Women PA		Filer ID       (Ethics Commission Filers)         00018802
4 Date	5 Payee name		
11/20/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Z	p Code	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedul	) (b) Description	
OF	Fees		ide of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX	, officeholder living expense
		Fundraising Pla	tform Fee
		Ŭ	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	e sought	Office held
expenditure to benefit C/O	н 		
Date	Payee name		
11/20/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Z	n Code	
\$10.72	\$10.72 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	) (b) Description	
OF	Fees	, <u> </u>	ide of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX	, officeholder living expense
		Fundraising Pla	tform Fee
Complete ONLY if direct		e sought	Office held
expenditure to benefit C/O			
Date	Payee name		
11/22/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Z	n Code	
\$2.80	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description	
OF	Fees	, .,	ide of Texas. Complete Schedule T.
EXPENDITURE			, officeholder living expense
		Fundraising Pla	
Complete ONLY if direct		e sought	Office held
expenditure to benefit C/O	PH		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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 out of District       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID     (Ethics Commission Filers)		
Sch: 54/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
11/25/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$4.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin TV, official data bing surgery		
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 55/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fundialising Fid	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/01/2024	Anedot, Inc.		
		da	
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1.90	\$1.90 1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$10.72	1340 Poydras Street, Suite 1770		
φ10.72			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. x, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 56/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	lght	Office held
Date	Payee name		
12/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing Ex	ment/Reinbursement Solicita head/Rental Expense Transp ense Travel jense Travel ages/Contract Labor OTHER	tion/Fundraising Expense ortation Equipment & Related Expense in District Out of District R (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer I	D (Ethics Commission Filers)
Sch: 57/98 Rpt:	McLennan County Republican Women PAC	0001	8802
4 Date	5 Payee name		
12/01/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	le	
\$2.70	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	b) Description	
EXPENDITURE	Fees	Check if travel outside of Te	
		Check if Austin, TX, officeho Fundraising Platform	
		Fundraising Platform	ree
Complete ONLY if direct	Condidets/Officeholder nome Office cou	ht C	office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	nt C	nice neid
Date	Payee name		
12/01/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$1.97	1340 Poydras Street, Suite 1770		
φ1.57			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	b) Description Check if travel outside of Te Check if Austin, TX, officeho Fundraising Platform	lder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sour H	ht C	office held
Date	Dovino nomo		
12/01/2024	Payee name Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	e	
\$10.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Te	xas. Complete Schedule T.
EAFEINDITURE		Check if Austin, TX, officeho	
		Fundraising Platform	Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ht C	office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep. Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 58/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/02/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$2.80	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fullulaising Pla	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	abt	Office held
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/O		gn	Onice heid
Date	Payee name		
12/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$20.30	1340 Poydras Street, Suite 1770		
φ20.00			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense
		T unutaising T a	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/02/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$2.80	1340 Poydras Street, Suite 1770		
ΦΖ.80			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 59/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/03/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.70	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fundraising Pic	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ignt	Office held
Date	Payee name		
12/04/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
φ1.57			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
12/05/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
φ1.57			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 60/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/06/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fullulaising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$2.80	1340 Poydras Street, Suite 1770		
φ2.00	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/06/2024	Anedot, Inc.		
		ado.	
Amount (\$)		Jue	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Sabadula F1:		- -	C Eller ID (Ethics Commission Eilors)
1 Total pages Schedule F1: Sch: 61/98 Rpt:	McLennan County Republican Women		3         Filer ID         (Ethics Commission Filers)           00018802
4 Date	5 Payee name	•	
12/06/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF	Fees		utside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin,	TX, officeholder living expense
		Fundraising P	latform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held
Date	Payee name		
12/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2.80	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schu Fees		utside of Texas. Complete Schedule T.
EXPENDITORE			TX, officeholder living expense
		Fundraising P	latform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O		I Office sought	Office held
Data			
Date	Payee name		
12/06/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
\$11.10	1340 Poydras Street, Suite 1770		
÷=1120			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF	Fees		utside of Texas. Complete Schedule T.
EXPENDITURE			TX, officeholder living expense
		Fundraising P	
		r unuruising F	
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/O	Н		

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 Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 62/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	·	
12/06/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.70	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		T unutaising T is	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/O			
Date	Payee name		
12/07/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
EXPENDITORE			X, officeholder living expense
		Fundraising Pla	atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/08/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.80	1340 Poydras Street, Suite 1770		
	· · · · · · · · · · · · · · · · · · ·		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght	Office held
	····		

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement prhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 63/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/08/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. K, officeholder living expense
		Fundraising Pla	
		i unuruising i lu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/09/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$5.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense ttform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/10/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1.97	1340 Poydras Street, Suite 1770		
+			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense ttform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office C Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 64/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/10/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
-			officeholder living expense
		Fundraising Plat	Ionn Fee
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	l	Office held
expenditure to benefit C/O		ugin	
Date	Payee name		
12/10/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$10.72	1340 Poydras Street, Suite 1770		
*-*=			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	l ught	Office held
	Π		
Date	Payee name		
12/10/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.13	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		de of Texas. Complete Schedule T.
		Fundraising Plat	officeholder living expense
		l	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugnt	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)
Sch: 65/98 Rpt:	McLennan County Republican Women F		00018802
4 Date	5 Payee name		
12/10/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	ltform ⊢ee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		fice sought	Office held
Date	Payee name		
12/10/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
\$11.55	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		fice sought	Office held
Date	Payee name		
12/10/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2.70	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Fees	Check if travel out	side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C		fice sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 66/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
12/11/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Pla	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	lght	Office held
Date	Payee name		
12/11/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$4.47	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. . officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/12/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 67/98 Rpt:	Z FILER NAME     3 Filer ID     (Ethics Commission Filers)       McLennan County Republican Women PAC     00018802	
4 Date	5 Payee name	
12/13/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$4.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	Fees       Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/14/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
( )		
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
12/14/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made F Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Exper / - Gift/Awards/Memorials al Committee Legal Services	office Overh nse Polling Expe s Expense Printing Exp	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Travel in District Travel Out of Dist	uipment & Related Expense
<b>1</b> Total pages Schedule F1:		•		3 Filer ID	(Ethics Commission Filers)
Sch: 68/98 Rpt:	McLennan County Republi	can Women PAC		00018802	
4 Date	5 Payee name				
12/14/2024	Anedot, Inc.				
6 Amount (\$)	<b>7</b> Payee address; City;	State; Zip Cod	9		
\$4.47	1340 Poydras Street, Suite	e 1770			
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Fees	the top of this schedule)		outside of Texas. Comp TX, officeholder living Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sough	it	Office he	ld
Date	Payee name				
12/16/2024	Anedot, Inc.				
Amount (\$)	Payee address; City;	State; Zip Cod	2		
\$1.90	1340 Poydras Street, Suite		-		
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Fees	the top of this schedule)		outside of Texas. Comp TX, officeholder living Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sough	it	Office he	ld
Date	Payee name				
12/16/2024	Anedot, Inc.				
Amount (\$)	Payee address; City;	State; Zip Cod	9		
\$1.97	1340 Poydras Street, Suite	e 1770			
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at Fees	the top of this schedule)		outside of Texas. Comp TX, officeholder living Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name H	Office sough	it	Office he	ld

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 69/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/16/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.70	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
		Fullulaising Pla	allonn Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/18/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$1.90	1340 Poydras Street, Suite 1770		
φ1.90	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/18/2024	Anedot, Inc.		
		ado.	
Amount (\$)			
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	side of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, T Fundraising Pla	X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense xpense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 70/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/18/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Plat	, officeholder living expense
		Fundialsing Fia	
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sol	laht	Office held
expenditure to benefit C/O		igin	Onice neid
Date	Payee name		
12/18/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outs	ide of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX	, officeholder living expense
		Fundraising Plat	tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held
Date	Payee name		
12/18/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$2.40	1340 Poydras Street, Suite 1770		
\$2.10			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
			, officeholder living expense
		Fundraising Plat	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ıght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic 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       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 71/98 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
12/18/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/18/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/18/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.40	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhaed/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID (Ethics Commission Filers)
Sch: 72/98 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
12/18/2024	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.40	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H
Date	Payee name
12/19/2024	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$10.73	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense spense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 73/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name	·		
12/19/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$4.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		side of Texas. Complete Schedule T. <, officeholder living expense	
		Fundraising Pla		
		, and a second sec		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	lght	Office held	
Date	Payee name			
12/19/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$4.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. <, officeholder living expense ttform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held	
Date	Payee name			
12/19/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$4.47	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. K, officeholder living expense Atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ight	Office held	

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 74/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/19/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$11.55	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held
Date	Payee name		
12/19/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	nde	
\$4.48	1340 Poydras Street, Suite 1770		
φ4.40			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	de of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX,	officeholder living expense
		Fundraising Plat	form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
12/19/2024	Anedot, Inc.		
	·		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$6.56	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Fees		de of Texas. Complete Schedule T.
EXPENDITURE			officeholder living expense
		Fundraising Plat	form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ight	Office held

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	payment/Reimbursement verhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 75/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/20/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
		Fundraising Plat	officeholder living expense
		Fundraising Plat	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
12/20/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$2.40	1340 Poydras Street, Suite 1770		
ψ2.40			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense
		Fundraising Plat	form Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
12/20/2024	Anedot, Inc.		
	,	ode	
Amount (\$) \$2.40		UUE	
ΦΖ.40	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.
			officeholder living expense
		Fundraising Plat	torm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rhead/Rental Expense pense ypense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 76/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/20/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$10.73	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		ide of Texas. Complete Schedule T.	
		Fundraising Pla	, officeholder living expense	
		Fundraising Fia		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/C	H			
Date	Payee name			
12/20/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$4.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
12/21/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$2.40	1340 Poydras Street, Suite 1770			
+=				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held	

	EXPENDITURE CATEGORIES FOR BO	DX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayme Fees Office Overhea Food/Beverage Expense Polling Expens - Gift/Awards/Memorials Expense Printing Expens	nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense e Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 77/98 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
12/21/2024	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.40	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationn Fee
Complete ONLY if direct	Candidate/Officebolder.name Office.courtet	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Once neid
Date	Payee name	
12/22/2024	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$10.72	1340 Poydras Street, Suite 1770	
Q10.12		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
12/22/2024	Anedot, Inc.	
Amount (\$)		
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
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/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E: y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense xpense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 78/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/22/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.40	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T.
		Fundraising Pla	X, officeholder living expense
<ul> <li>9 Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ul>	Candidate/Officeholder name Office sou	l Ight	Office held
Date	Payee name		
12/22/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$2.40	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		side of Texas. Complete Schedule T. X, officeholder living expense
		Fundraising Pla	
		i unuruising i iu	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	l ıght	Office held
_	I		
Date	Payee name		
12/23/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$8.65	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	allorm Fee
Operation Objective "			Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ignt	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement verhead/Rental Expense xpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 79/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/23/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$2.40	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112	1		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		de of Texas. Complete Schedule T.	
		Fundraising Plat	officeholder living expense	
		Fundraising Plat		
Complete ONLY if direct	Candidata/Officebalder name Office co	l	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	Jgnt	Onice neid	
Date	Payee name			
12/23/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$2.40	1340 Poydras Street, Suite 1770			
Ψ2.+0				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		de of Texas. Complete Schedule T. officeholder living expense	
		Fundraising Plat	form Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held	
Date	Payee name			
12/24/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip C	ode		
\$2.40	1340 Poydras Street, Suite 1770			
ψ2.40				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		de of Texas. Complete Schedule T.	
			officeholder living expense	
		Fundraising Plat	torm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing F	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 80/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/24/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$4.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
		Fundraising Pla	X, officeholder living expense	
<ul> <li>9 Complete <u>ONLY</u> if direct expenditure to benefit C/O</li> </ul>	Candidate/Officeholder name Office sou	l Jght	Office held	
· · · · · · · · · · · · · · · · · · ·	1			
Date	Payee name			
12/26/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.90	\$1.90 1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. X, officeholder living expense atform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ıght	Office held	
Date	Payee name			
12/26/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip City;	nde		
\$1.97	1340 Poydras Street, Suite 1770			
Φ1.97	1540 F Oyuras Sireer, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description	side of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, T Fundraising Pla	X, officeholder living expense atform Fee	
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 B Candidate/Officeholder/Politic 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       y -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District		
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID     (Ethics Commission Filers)		
Sch: 81/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
12/26/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$4.30	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I I Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/26/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/26/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic 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 out of District       y -     Gitt/Awards/Memorials Expense     Printing Expense		
1 Total pages Schedule F1:	2 FILER NAME     3 Filer ID     (Ethics Commission Filers)		
Sch: 82/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
12/26/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees     Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/26/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.40	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/26/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$4.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing	payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Rel       xpense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not list)	ated Expense
<b>1</b> Total pages Schedule F1:		3 Filer ID (Ethics Con	mission Filers)
Sch: 83/98 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	· · ·	00010002	
4 Date 12/27/2024	5 Payee name Anedot, Inc.		
		ada	
6 Amount (\$) \$2.40	<ul> <li>Payee address; City; State; Zip C</li> <li>1340 Poydras Street, Suite 1770</li> </ul>	ode	
φ2.40	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule	т.
		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
• Operation ON II V if align at		Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught Office held	
Date	Payee name		
12/27/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$2.40			
Expenditure from			
corporate funds	New Orleans, LA 70112	1	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Fundraising Platform Fee	т.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught Office held	
Date	Payee name		
12/27/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$12.81	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Check if travel outside of Texas. Complete Schedule Check if Austin, TX, officeholder living expense Fundraising Platform Fee	т.
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office so	ught Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 84/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/28/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$4.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
		Fundraising Pla	X, officeholder living expense	
		Fullulaising Pla		
• Complete ONIL V if direct	Candidate/Officeholder name Office sou	abt	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		gn	Onice heid	
Date	Payee name			
12/29/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$20.30	1340 Poydras Street, Suite 1770			
\$20.00				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	Check if Austin, T	tside of Texas. Complete Schedule T. X, officeholder living expense	
		Fundraising Pla	atform Hee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
12/30/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1.97	1340 Poydras Street, Suite 1770	~~~		
φ1.57				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.	
			X, officeholder living expense	
		Fundraising Pla	attorm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ove Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 85/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name	•	
12/30/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$1.97	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Plat	
		i anaraioing i la	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	I Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$6.56	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
12/30/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sou H	ght	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhaed/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 86/98 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
12/31/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.90	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees     Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
	r undraising r lation i r ce			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Fundraising Platform Fee</li> </ul> </li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H			

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By - Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement     Solicitation/Fundraising Expense       Overhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       g Expense     Travel Out of District       s/Wages/Contract Labor     OTHER (enter a category not listed above)		
<ul> <li>Total space Cohodulo E1:</li> </ul>	· · ·			
1 Total pages Schedule F1: Sch: 87/98 Rpt:	McLennan County Republican Women PAC	3       Filer ID       (Ethics Commission Filers)         00018802		
4 Date	5 Payee name			
12/31/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip	Code		
\$1.97	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Fundraising Platform Fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s DH	ought Office held		
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$10.72 1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF		Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense		
		Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office s DH	ought Office held		
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip	Code		
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Fundraising Platform Fee		
Complete ONLY if direct	Candidate/Officeholder name Office s	ought Office held		
expenditure to benefit C/OH				

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E y - Gift/Awards/Memorials Expense Printing I	bayment/Reimbursement rerhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 88/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/31/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112	1	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		ide of Texas. Complete Schedule T.
		Fundraising Pla	, officeholder living expense
		Fullulaising Pla	lionn ree
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
12/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	nde	
\$1.48	1340 Poydras Street, Suite 1770		
φ1.40	1340 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		ide of Texas. Complete Schedule T. , officeholder living expense
		Fundraising Pla	tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held
Date	Payee name		
12/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$1.42		JUE	
\$1.4Z	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outs	ide of Texas. Complete Schedule T.
EAFENDITURE			, officeholder living expense
		Fundraising Pla	tform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement prhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 89/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/31/2024	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$10.73	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
-		Fundraising Pla	c, officeholder living expense	
		Fundraising Fla		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/O		<u></u>		
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$2.65	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		side of Texas. Complete Schedule T. 3. officeholder living expense tform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
12/31/2024	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1.42	1340 Poydras Street, Suite 1770			
Φ1.42	1340 Poyulas Sileet, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		side of Texas. Complete Schedule T.	
			c, officeholder living expense	
		Fundraising Pla	luorm Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	

	EXPENDITURE CATEGORIES FO	R BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement erhead/Rental Expense kpense xpense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 90/98 Rpt:	McLennan County Republican Women PAC		00018802
4 Date	5 Payee name		
12/31/2024	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$2.80	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
_/: _:			X, officeholder living expense
		Fundraising Pla	attorm Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught	Office held
Date	Payee name		
12/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$1.48	1340 Poydras Street, Suite 1770		
φ1.40	\$1.40 Poyulas Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		tside of Texas. Complete Schedule T. X, officeholder living expense atform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	l ught	Office held
Date	Payee name		
12/31/2024	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Co	Jue	
\$4.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees		tside of Texas. Complete Schedule T.
			X, officeholder living expense
		Fundraising Pla	attorm Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ov Food/Beverage Expense Polling Ex Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement rhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)	
Sch: 91/98 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
12/06/2024	Baylor Club			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$4,059.68	1001 South Martin Luther King Blvd,			
Expenditure from corporate funds	Waco, TX 76704			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		le of Texas. Complete Schedule T. officeholder living expense IEON	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
12/07/2024	CEFCO			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$7.90	5601 Bagby Ave			
Expenditure from corporate funds	Waco, TX 76711	<u></u>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		le of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
12/07/2024	CEFCO			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$50.00	5601 Bagby Ave			
Expenditure from corporate funds	Waco, TX 76711			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		le of Texas. Complete Schedule T. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 92/98 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
11/08/2024	CFO Shield, LLC dba Red Elephant Reports		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$383.35	959 W. Glade Rd.		
Expenditure from corporate funds	Hurst, TX 76054		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Bookkeeping Services and Support</li> </ul> </li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
11/18/2024	CFO Shield, LLC dba Red Elephant Reports		
Amount (\$)	Payee address; City; State; Zip Code		
\$300.00	959 W. Glade Rd.		
Expenditure from corporate funds	Hurst, TX 76054		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Bookkeeping Services and Support</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held H		
Date	Payee name		
12/10/2024	CFO Shield, LLC dba Red Elephant Reports		
Amount (\$)	Payee address; City; State; Zip Code		
\$383.35	959 W. Glade Rd.		
Expenditure from corporate funds	Hurst, TX 76054		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Campaign Bookkeeping Services and Support</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	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	Fees Off Food/Beverage Expense Pol g - Gift/Awards/Memorials Expense Priv	an Repayment/Reinbursement ice Overhead/Rental Expense ling Expense aries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) to complete this form.		
<b>1</b> Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)		
Sch: 93/98 Rpt:	McLennan County Republican Women PA	C 00018802		
4 Date	5 Payee name			
11/13/2024	HEB			
6 Amount (\$)	7 Payee address; City; State; Zi	p Code		
\$6.95	3901 N 19th Street			
Expenditure from corporate funds	Waco, TX 76708			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Activation Fee		
9 Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office	e sought Office held		
expenditure to benefit C/O	Н			
Date	Payee name			
11/13/2024	HEB			
Amount (\$)	Payee address; City; State; Zi	p Code		
\$100.00	3901 N 19th Street			
Expenditure from corporate funds	Waco, TX 76708			
PURPOSE	(a) Category (See Categories listed at the top of this schedule	b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense		
		Visa Gift Card		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Offic	e sought Office held		
expenditure to benefit C/O		once new		
Date	Payee name			
11/13/2024	HEB			
Amount (\$)	Payee address; City; State; Zi	p Code		
\$1.99	3901 N 19th Street			
Expenditure from corporate funds	Waco, TX 76708			
PURPOSE	(a) Category (See Categories listed at the top of this schedule			
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Cherries		
Complete ONLY if direct	Candidate/Officeholder name Offic	e sought Office held		
expenditure to benefit C/OH				

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ove Food/Beverage Expense Polling Exp / - Gift/Awards/Memorials Expense Printing Exp	xpense Travel Out of District /ages/Contract Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 94/98 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date 11/19/2024	5 Payee name HEB		
6 Amount (\$) \$64.94	7 Payee address; City; State; Zip Co 3901 N 19th Street	de	
Expenditure from corporate funds	Waco, TX 76708		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Flowers for Lynn Anderson	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght Office held	
Date	Payee name		
12/04/2024	Harland Clarke Corporation		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$208.01	15955 La Cantera Parkway		
Expenditure from corporate funds	San Antonio, TX 78256		
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 Check Printing Expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held	
Date	Payee name		
11/19/2024	JJ's Balloons		
Amount (\$) \$158.97	Payee address; City; State; Zip Co 1412 N Valley Mills Dr., Suite 104	de	
Expenditure from corporate funds	Waco, TX 76710		
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 October GOTV Meeting	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a	l)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reint Fees Office Overhead/Renta Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense	bursement Solicitation/Fundraising Expense Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 95/98 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
12/05/2024	Lori Whitsell	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$411.50	431 Woodfall Drive	
Expenditure from corporate funds	Woodway, TX 76712	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Desc	
EXPENDITURE	Candidate/Officeholder/Political Committee	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense ations for Israel Support
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
10/28/2024	MailChimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000	
Expenditure from corporate funds	Atlanta, GA 30308	
PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense thly Email Service
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
11/29/2024	MailChimp	
Amount (\$)	Payee address; City; State; Zip Code	
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000	
Expenditure from corporate funds	Atlanta, GA 30308	
PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense thly Email Service
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	Fees Office Overhea Food/Beverage Expense Polling Expens Gift/Awards/Memorials Expense Printing Expense	se Travel Out of District s/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 96/98 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name		
12/30/2024	MailChimp		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000		
Expenditure from corporate funds	Atlanta, GA 30308		
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 Monthly Email Service	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
12/07/2024	Marco's Pizza		
Amount (\$)	Payee address; City; State; Zip Code		
\$95.17	10324-A China Spring Rd		
Expenditure from corporate funds	Waco, TX 76708		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)       (b)         Food/Beverage Expense       (b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Pizza for attendees	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
12/07/2024	Office Depot		
Amount (\$)	Payee address; City; State; Zip Code		
\$44.82	4328 W Waco Drive		
Expenditure from corporate funds	Waco, TX 76710		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense DS Color Cartridge	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B				
Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form.				
<b>1</b> Total pages Schedule F1:				
Sch: 97/98 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
11/18/2024	Quilts of Valor Foundation			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$250.00	PO Box 191			
Expenditure from corporate funds	Winterset, IA 50273			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Donation			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
12/06/2024	TFRW			
Amount (\$)	Payee address; City; State; Zip Code			
\$945.00	0 13740 N. Highway 183, Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>CHECK 1889: November Membership</li> </ul> </li> </ul>			
Complete ONLY if direct     Candidate/Officeholder name     Office sought     Office held       expenditure to benefit C/OH     Office held     Office held				
Date	Payee name			
12/18/2024	TFRW			
Amount (\$) \$1,400.00	Payee address; City; State; Zip Code 13740 N. Highway 183, Suite J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee December Membership			
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/Political Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:		3	Filer ID (Ethics Commission Filers)	
Sch: 98/98 Rpt:	McLennan County Republican Women		00018802	
4 Date	5 Payee name			
11/18/2024	Travelpro.com			
\$633.79	<ul><li>7 Payee address; City; State;</li><li>6500 Park of Commerce Blvd.</li></ul>	Zip Code		
Expenditure from corporate funds	Boca Raton, FL 33487			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense gage	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held	
Date	Payee name			
11/18/2024	Zazzle			
Amount (\$) \$63.01	Payee address; City; State; 1800 Seaport Blvd HQ Redwood City, CA 94063	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Gift/Awards/Memorials Expense	Check if travel outs	ide of Texas. Complete Schedule T. , officeholder living expense AGS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ffice sought	Office held	