FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017086 3 COMMITTEE NAME **OFFICE USE ONLY** Memorial West Republican Women PAC Date Received **ELECTRONICALLY FILED** 01/12/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 7418 San Ramon Dr Date Hand-delivered or Date Postmarked Change of Address Houston, TX 77083 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Deborah NAME NICKNAME LAST **SUFFIX** Cupples STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7418 San Ramon Drive STREET **ADDRESS** (Residence or Business) Houston, TX 77083 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** MAILING **ADDRESS** TX Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 819-5781 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 File	r ID	(Ethics Commission Filers)
Memorial West Republi	can Women PAC		000	17086	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	ris Cour	nty Sheriff		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	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.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHE DR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	R THAN	\$	4,817.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF	LOANS)	\$	4,817.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				1,170.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	8,666.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	21,326.32
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				0.00
6 AFFIDAVIT	I			<u> </u>	
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	des all information		
			Doborob Cupp	loo.	
Deborah C Signature of Camp					er
		Sigi	s.o o. oampaign	·········	- ·
AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed	before me, by the said		, this the		day
of	_, 20, to certify v	which, witness my hand and seal of office	e.		
Signature of officer ad	ministering oath	Printed name of officer administering oa	ath Title	e of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

				Page 3 01 8
			13 Filer ID	(Ethics Commission Filers)
can Women PAC			00017086	ô
Candidates (Identify by name or, if applicable, classify by party.)		Mr. Dan Simons District Attorne	ey, Harris Co.	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Landrum Micha	el 133rd Cival	District Court
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Assisted (Identify by name or, if				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported	A. Supported Mr. Dan Simons District Attornomental policity by pame or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported The Honorable Landrum Michael (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported The Honorable Landrum Michael (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported The Honorable Landrum Michael (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported The Honorable Landrum Michael (Identify by name or, if applicable, classify by party.)	can Women PAC 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported The Honorable Landrum Michael 133rd Cival (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported A. Supported The Honorable Landrum Michael 133rd Cival (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				4 of 8
		EE NAME West Republican Women PAC	18 Filer ID 00017086	(Ethics Commission Filers)
	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,817.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 8,666.44
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 1/4 Rpt: 5/8	Memorial West Republican Women PAC 00017086						
4 Date	5 Payee name						
07/26/2024	Hansen, Dell (Mrs.)						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$131.83	561 Rancho Bauer						
Ψ131.03	301 Nationo Bauet						
Expenditure from							
corporate funds	Houston, TX 77079						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense Tea Expense						
	τεα Εχρείτσε						
O Commission ONLY if allowed	On all data (Office health a group of the seconds)						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
09/27/2024	Knox, Mike (Mr.)						
Amount (\$)	Payee address; City; State; Zip Code						
\$2,000.00	7941 Katy Freeway						
	Suite 108						
Expenditure from corporate funds	Houston, TX 77024						
PURPOSE							
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense						
	Mike Knox for Harris County Sheriff Campaign						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O	H						
Date	Payee name						
09/11/2024	Los Tios Mexican Restaurant						
Amount (\$)	Payee address; City; State; Zip Code						
\$353.82	14006 Memorial Dr.						
\$303.0 <u>2</u>							
Expenditure from	Houston TV 77070						
corporate funds	Houston, TX 77079						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel sutside of Taxes Complete Schedule T						
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
	September Lunch Meeting						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office Ov Polling Exense Printing Exense Salaries/	xpense Wages/Contract Labor	Transportation E Travel in District Travel Out of Dis				
4 7 1 0 1 1 54	a =		la =:	(Ethio Occupiato Eilen)				
1 Total pages Schedule F1: Sch: 2/4 Rpt: 6/8	Memorial West Republican Women PAC				3 Filer ID 00017086	(Ethics Commission Filers)		
4 Date	5 Payee name				1			
10/09/2024		exican Restaurant						
6 Amount (\$) \$530.64	-	7 Payee address; City; State; Zip Code 14006 Memorial Dr.						
Expenditure from corporate funds	Houston, T	X 77079						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense October Lunch Meeting							
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ught	Office he	eld		
Date	Payee name				· · · · · · · · · · · · · · · · · · ·			
11/06/2024	Los Tios M	exican Restaurant						
Amount (\$)	Payee address; City; State; Zip Code							
\$397.67	14006 Men	norial Dr.						
Expenditure from corporate funds	Houston, T	X 77079						
PURPOSE OF EXPENDITURE	Check if				outside of Texas. Com n, TX, officeholder living unch Meeting			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		iceholder name	Office sou	ught	Office he	eld		
Date 12/03/2024	Payee name Marek, Anr							
Amount (\$) \$1,275.62	Payee addre 1639 Ashb	ess; City; ury Park Dr.	State; Zip Co	ode				
Expenditure from corporate funds	Houston, T	X 77077						
PURPOSE OF EXPENDITURE		ee Categories listed at the to rage Expense	p of this schedule)	Check if Austin	outside of Texas. Com n, TX, officeholder living uncheon at Pala	g expense		
Complete ONLY if direct expenditure to benefit C/OF		iceholder name	Office sou	ught	Office he	eld		
Forms provided by Tayas Ethics Commission www.athics state ty us Version V// 1.0.5dd2ace2								

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment								
4 7 1 0 1 1 5	· · · · · · · · · · · · · · · · · · ·							
1 Total pages Schedule F1:								
Sch: 3/4 Rpt: 7/8	Memorial West Republican Women PAC 00017086							
4 Date	5 Payee name							
09/27/2024	Michael, Landrum (The Honorable)							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$250.00	PO Box 19422							
Ψ230.00	1 O BOX 13422							
Expenditure from								
corporate funds	Houston, TX 77224							
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Contributions/Donations Made By							
EXI ENDITORE	Candidate/Officeholder/Political Committee							
	Michael Landrum Judicial Campaign							
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							
Date	Payee name							
08/19/2024	Sergesketter, Mary (Mrs.)							
Amount (\$)	Payee address; City; State; Zip Code							
\$286.86	815 Elk Run Circle							
φ200.00	613 EIK RUIT CITCLE							
Expenditure from								
corporate funds	Houston, TX 77079							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EXPENDITURE	Event Expense							
LAFENDITORE	Check if Austin, TX, officeholder living expense							
	Tea Expense							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							
Date	Payee name							
09/23/2024	Simons, Dan (Mr.)							
Amount (\$)								
()								
\$2,000.00	PO Box 62468							
Expenditure from								
corporate funds	Houston, TX 77205							
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
OF EVDENDITUDE	Contributions/Donations Made By							
EXPENDITURE	Candidate/Officeholder/Political Committee							
	Dan Simons for Harris County District Attorney							
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
expenditure to benefit C/O	1							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Exp Printing Ex	pense kpense /ages/Contract Labor	•	Travel in District Travel Out of Dis		
	Credit Card Payment The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F1: Sch: 4/4 Rpt: 8/8	2		//E West Republican Women	PAC		3	Filer ID 00017086	(Ethics Commission Filers)	
4	Date	5	Payee nam	ne						٦
	08/15/2024		Spring Bra							
6	Amount (\$)	7	Payee addr	ress; City; Sta	ate; Zip Co	de				┪
	\$270.00		955 Camp	•	,					
	Expenditure from corporate funds		Houston,	TX 77024						
8	PURPOSE	(a	Category ((See Categories listed at the top of this	schedule)	(b) Description				
	OF EXPENDITURE							side of Texas. Com		
								, officeholder living		
						Spring Bra	ncn i	SD Literacy	Program	
L										_
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/O	fficeholder name	Office sou	ght		Office he	eld	