### 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) 00088211		2 Total pages filed: 10
3	COMMITTEE NAME					OFFICE USE ONLY
	Liberty County Rep	publican Women PAC				Date Received
						ELECTRONICALLY FILED 01/15/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ITY;	STATE; ZI	P CODE	
	ADDRESS	P.O. Box 367				Date Hand-delivered or Date Postmarked
	Change of Address					
		Liberty, TX 77575				Receipt # Amount
						Date Processed
						Date Imaged
5	CAMPAIGN	MS/MRS/MR FIRST				MI
	TREASURER	Mrs. Emily				
	NAME					
		NICKNAME LAST				SUFFIX
		Cook				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	);	APT / SUITE #;	CITY;	STATE; ZIP CODE
-	TREASURER	1203 Trinity St.	,	,	- ,	- ,
	STREET ADDRESS					
	(Residence or Business)	Liberty, TX 77575				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #	; CITY;	STATE; ZIP CODE
-	TREASURER	P.O. Box 367			,,	· · · · · · · · · · · · · · · · · · ·
	MAILING ADDRESS					
	_	Liberty, TX 77575				
	Change of Address					
8			EXT	ENSION		
	TREASURER PHONE	(936) 336-4026				
Ļ						
9	REPORT TYPE	X January 15 3	30th d	ay before election		Dissolution (Attach PAC-DR)
		8	8th da	y before election		10th day after campaign treasurer
			Runof	f		termination
10	PERIOD COVERED	Month Day Year		Month	-	Year
	COVERED	07/01/2024 T	IHRC	DUGH	12/31/2024	1
111	ELECTION	ELECTION DATE Month Day Year	Prima	ELECTIO		Other
			1			
			Gene	ral Specia	I	
			<b>T</b> 0			
			10	PAGE 2		
For	rms provided by Tex	kas Ethics Commission www.e	ethic	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 II	C (Ethics Commission Filers)
Liberty County Republic	an Women PAC		00088	211
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 X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	455.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,335.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	686.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	354.13
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs Fm	nily Cook	
		Signature of Car	-	
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		-
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of	f officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

### FORM GPAC COVER SHEET PG 3 3 of 10

17 COMMIT	ree NAME	18 Filer ID	(Ethics Commission Filers)
Liberty C			
19 SCHEDU NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 1,235.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		<b>\$</b> 100.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		<b>\$</b> 0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$
9. X	SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 686.17
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		<b>\$</b> 0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 0.00
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	<b>\$</b> 2,085.20
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

_							
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10	
2	FILER NAME				2	Filer ID (Ethics Commission	Eilers)
		ity Republican Women PAC			ľ	00088211	11 11013)
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/18/2024	Cook, Emily					\$80.00
		6 Contributor address; City; Sta	ate; Zip Code		1		
		Liberty, TX 77575					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Attorney			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/01/2024	Cook, Emily					\$600.00
		Contributor address; City; Sta					
			, F				
		Liberty, TX 77575					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ເ</u>		
	Attorney			Self	-)		
⊨					-		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	¢100.00
	10/01/2024	Williams, Billie					\$100.00
		Contributor address; City; Sta	ate; Zip Code				
		Liberty, TX 77575					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
1							
1							
1							
1							
1							

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A2: Sch: 1/1 Rpt: 5/10
2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Liberty Cou	nty Republican Women PAC			00088211
4	TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	0.00
5	Date 11/11/2024	<ul> <li>Full name of contributor out-of-state PAC (ID#:</li> <li>Cook, Emily</li> <li>Contributor address; City; State; Zip Code</li> <li>Liberty, TX 77575</li> </ul>	)	8	Amount of 9 In-kind contribution contribution (\$) description \$100.00 I Newspaper ad for Veterans Day.
10	Brineinal occ	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	11	Check if travel outside of Texas. Complete Schedule T.
10	Attorney		Self	-50	
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FC	DR JUDICIAL) (See instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's	spouse (if any) (FOR JUDICIAL)
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

### PLEDGED CONTRIBUTIONS

### SCHEDULE **B**

	The I	Instruction Guide explai	ins how to complet	te this form.	1	Total pages S Sch: 1/1 Rp		9 B:	
2	FILER NAME				3	Filer ID	(Ethics C	Commission Filers)	
	Liberty Cour	nty Republican Women PAC	:			00088211			
4	TOTAL OF	UNITEMIZED PLEDGES	6			\$			0.00
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:_	)	8	Amount of pledge (\$)	9	In-kind description (If applicable)	
	·	7 Pledgor Address;	City; State; Zip Code			Check if trave	I I I I el outside (	of Texas. Complete Sch	iedule T.
10	Principal occu	upation / Job title (See Instructio	ons)	11 Employer (See Instru	Ictic	ons)			

LOANS		SCHEDULE E
The Instruction Guide explains how to complete this form.		ages Schedule E: ./1 Rpt: 7/10
2 FILER NAME Liberty County Republican Women PAC	3 Filer ID 00088	<ul> <li>(Ethics Commission Filers)</li> <li>211</li> </ul>
<sup>4</sup> TOTAL OF UNITEMIZED LOANS	•	\$ 0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:		) <b>9</b> Loan Amount (\$)
6 Is lender a 8 Lender address; City; State; Zip Code financial institution?		10 Interest Rate 11 Maturity Date
		II Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instruct	ions)	
14 Description of Collateral     15 Check if personal funds       None	s were deposite	ed into political account (See Instructions)
16 GUARANTOR 17 Name of guarantor INFORMATION		<b>19</b> Amount Guaranteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code		
20 Principal occupation   21 Employer (See Instruct	ions)	

## 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		2
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 1/1 Rpt: 8/10	Liberty County Republican Women PAC	513)
4 Date	5 Payee name LumberJAXE	
10/04/2024		
6 Amount (\$) \$595.38	7 Payee address; City; State; Zip Code MLK Blvd	
Expenditure from corporate funds	Liberty, TX 77575	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Fundraiser meet n greet for Candidate Janis Ho	lt.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nameOffice soughtOffice heldHHolt, JanisState Representative Distriction	ct 18
Date	Payee name	
07/01/2024	Pack Ship and Copy	
Amount (\$)	Payee address; City; State; Zip Code	
\$37.10		
Expenditure from corporate funds	Liberty, TX 77575	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Club brochures.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
11/01/2024	Walmart	
Amount (\$) \$53.69	Payee address; City; State; Zip Code	
Expenditure from corporate funds	Liberty, TX 77575	
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 Goodie bag supplies for poll workers.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

Sch: 1/2 Rpt: 9/10       Liberty County Republican Women PAC       00088211         Date       5       Payee name       0008211         Amount (\$)       7       Payee Address;       City; State; Zip	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
08/01/2024     Davis, Jenna       Amount (\$)     7     Payee Address;     City; State; Zip       500.00 Expenditure from opportate funds     TX 77575       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories of EXPENDITURE     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name     2024 Scholarship Recipient.       11/21/2024     Dayton Police Department     2024 Scholarship Recipient.       Amount (\$)     Payee Address;     City; State; Zip       45.00 Expenditure from TX     TX       PURPOSE ExpENDITURE     (a) Category (See instructions for oxamples of acceptable categories Git/AwardS/Memorials Expense     (b) Description       Date     Payee name     TX       70/11/2024     Gowdey, Peyton     Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.       Date     Payee Address;     City; State; Zip       500.00 Expenditure from Git/AwardS/Memorials Expense     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       PURPOSE ExpENDITURE     (a) Category (See instructions for oxamples of acceptable categories Git/AwardS/Memorials Expense     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     PuRPOSE Git/AwardS/Memorials Expense     (b) Description     (Se		Liberty County Republican Women PAC	00088211
Amount (\$)       7       Payee Address;       City; State; Zip         500.00       Expenditure from corporate funds       TX 77575         PURPOSE EXPENDITURE       (a) Category (see instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information regarding 2024 Scholarship Recipient.         Date       Payee name       Datyon Police Department       2024 Scholarship Recipient.         Amount (\$)       Payee Address;       City; State; Zip       (b) Description       (See instructions regarding type of information regarding 2024 Scholarship Recipient.         45.00       Expenditure from Corporate funds       TX       (b) Description       (See instructions regarding type of information regarding Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       (d) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information regarding Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee Address;       City; State; Zip       (b) Description       (See instructions regarding type of information regarding Memorial Scholarship Recipient.         Date       Payee name       (d) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information regarding 2024 Sc	Date	5 Payee name	
500.00     TX 77575       PURPOSE OF EXPENDITURE     (a) Category (see instructions for examples of acceptable categories (d) Description     (b) Description     See instructions require 2024 Scholarship Recipient.       Date     Payee name       11/21/2024     Dayton Police Department       Amount (s)     Payee Address:     City; State; Zip       45.00     TX       PURPOSE expenditure from corporate funds     (a) Category (see instructions for examples of acceptable categories (d) Category (see instructions for examples of acceptable categories (d) Category (see instructions for examples of acceptable categories (d) Description     (b) Description       Date     Payee name       07/01/2024     Gowdey, Peyton       Amount (s)     Payee Address:     City; State; Zip       500.00     TX       PURPOSE expenditure from corporate funds     TX       PURPOSE expenditure from corporate funds     (a) Category (see instructions for examples of acceptable categories (d) Description     (b) Description       Date     Payee name Git/Awards/Memorials Expense     (b) Description     See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name Git/Awards/Memorials Expense     (b) Description     See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name Git/Awards/Memorials Expense     (b) Description     See instructions regarding type of inf	08/01/2024	Davis, Jenna	
Expenditure from corporate funds       TX 77575         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Git/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       TX         11/21/2024       Dayton Police Department       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         A5.00       Payee Address;       City; State; Zip       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       (Git/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       (a) Category (See instructions for examples of acceptable	Amount (\$)	7 Payee Address; City; State; Zip	
corporate funds       TX 77575         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       2024 Scholarship Recipient.         11/21/2024       Dayton Police Department       2024 Scholarship Recipient.         Amount (\$)       Payee Address;       City; State; Zip         45.00       TX         PURPOSE POF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 07/01/2024         Date       Payee name       (d) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 07/01/2024         Date       Payee name       Fayee name       (D) Description       (See instructions regarding type of information require 0F         S00.00       Expenditure from Corporate funds       TX       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       (d) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name	500.00		
PURPOSE BYPENDITURE       (a) Category (See instructions for examples of acceptable categories) Giff/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       Dayton Police Department       2024 Scholarship Recipient.         Amount (\$)       Payee Address;       City; State; Zip       City: State; Zip         45.00       Expenditure from Corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       TX       Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       Giff/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       TX       Soo.00       TX         Expenditure from corporate funds       TX       City: State; Zip       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       Giff/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Pa			
OF EXPENDITURE     Gift/Awards/Memorials Expense     2024 Scholarship Recipient.       Date     Payee name       11/21/2024     Dayton Police Department       Amount (\$)     Payee Address;     City; State; Zip       45.00     TX       Date     Gift/Awards/Memorials Expense       0/F     Gift/Awards/Memorials Expense       0/F     Gift/Awards/Memorials Expense       0/F     Gift/Awards/Memorials Expense       0/F     Payee name       0/701/2024     Gowdey, Peyton       Amount (\$)     Payee Address;       0/0     Expenditure from       0/00.00     Expenditure from       Expenditure from     TX       0/001/2024     Gowdey, Peyton       Amount (\$)     Payee Address;       0/f     City; State; Zip       500.00     Expenditure from       0/f     Category (See instructions for examples of acceptable categories)       0/f     Date       0/f     Payee name       0/f     Gift/Awards/Memorials Expense       0/f     Category (See instructions for examples of acceptable categories)       0/f     Category (See instructions for examples of acceptable categories)       0/f     Category (See instructions for examples of acceptable categories)       0/f     Payee name <td< td=""><td>-</td><td></td><td></td></td<>	-		
11/21/2024       Dayton Police Department         Amount (\$)       Payee Address;       City; State; Zip         45.00       TX         PURPOSE       Gitt/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require Memorial Donation in memory of the late Liberty Country Commissioner Leon Wilson.         Date       Payee name       Gowdey, Peyton         Amount (\$)       Payee Address;       City; State; Zip         500.00       Expenditure from Corporate funds       TX         PURPOSE       Git/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require Corporate funds         TX       Payee name       Gowdey, Peyton	OF		
Amount (\$)       Payee Address;       City; State; Zip         45.00       TX         PURPOSE       Gift/Awards/Memorials Expense         07/01/2024       Payee name         07/01/2024       Gowdey, Peyton         Amount (\$)       Payee Address;       City; State; Zip         500.00       Expenditure from         corporate funds       TX         PURPOSE       Gowdey, Peyton         Amount (\$)       Payee Address;       City; State; Zip         500.00       Expenditure from       TX         experiment       Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require         09       State       Payee name       Gowdey, Peyton       State; Zip         500.00       Expenditure from       TX       TX       State; Zip       State; Zip         09       State; Sig       Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require         09/01/2024       Payee name       State; Zip       State; Zip       State; Zip         500.00       Expenditure from       TX       State; Zip       State; Zip         500.00       Expenditure from       City; State; Zip       State; Zip	Date	Payee name	
45.00     TX       PURPOSE oF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description     (See instructions regarding type of information require Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.       Date     Payee name       07/01/2024     Gowdey, Peyton       Amount (\$)     Payee Address;     City; State; Zip       500.00     TX       PurPOSE oF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name     (b) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name     (i) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       Date     Payee name     (i) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.       050.00     Expenditure from Corporate funds     TX     (i) Description     (See instructions regarding type of information require 2024 Scholarship Recipient.	11/21/2024	Dayton Police Department	
Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       Of/01/2024       Gowdey, Peyton       Memorial Source       County Commissioner Leon Wilson.         Amount (\$)       Payee Address;       City; State; Zip       So0.00       TX         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       Payee name       2024 Scholarship Recipient.         09/01/2024       Haley, Faith       Amount (\$)       Payee Address;       City; State; Zip         500.00       Expenditure from Corporate funds       TX       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024	Amount (\$)	Payee Address; City; State; Zip	
Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (see instructions for examples of acceptable categories Gift/Awards/Memorials Expense       (b) Description       (see instructions regarding type of information require Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.         Date       Payee name       O7/01/2024       Gowdey, Peyton       Amount (s)       Payee Address;       City; State; Zip         500.00       Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (see instructions for examples of acceptable categories Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name       O9/01/2024       Haley, Faith       2024 Scholarship Recipient.         Amount (s)       Payee Address;       City; State; Zip       500.00       Expenditure from 2024 Scholarship Recipient.         Source       Fuer Address;       City; State; Zip       500.00       TX         PurPOSE       (a) Category (See instructions for examples of acceptable categories Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.	45.00		
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OF EXPENDITURE     Gift/Awards/Memorials Expense     Memorial Donation in memory of the late Liberty County Commissioner Leon Wilson.       Date     Payee name       07/01/2024     Gowdey, Peyton       Amount (\$)     Payee Address; City; State; Zip       500.00     Expenditure from corporate funds       TX     Image: Corporate funds       PURPOSE OF EXPENDITURE     Gift/Awards/Memorials Expense       01/2024     Address; City; State; Zip       02/2024     Gift/Awards/Memorials Expense       03/01/2024     Payee name       09/01/2024     Payee name       09/01/2024     Payee name       09/01/2024     Payee name       09/01/2024     Payee name       TX     TX       Stopparte funds     TX       PURPOSE     Git Category (See instructions for examples of acceptable categories)       05     Payee name       09/01/2024     Haley, Faith       Amount (\$)     Payee Address; City; State; Zip       500.00     TX       Expenditure from corporate funds     TX       QF     (a) Category (See instructions for examples of acceptable categories) OF       09     Gift/Awards/Memorials Expense	- ·		
07/01/2024       Gowdey, Peyton         Amount (\$)       Payee Address;       City; State; Zip         500.00       500.00         Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.         Date 09/01/2024       Payee name Haley, Faith       2024 Scholarship Recipient.         Amount (\$)       Payee Address;       City; State; Zip         500.00       500.00       TX         Expenditure from corporate funds       TX         9URPOSE OF Git/Awards/Memorials Expense       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.	OF	., .,	Memorial Donation in memory of the late Liberty
Amount (\$)       Payee Address;       City; State; Zip         500.00       Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.         Date       Payee name         09/01/2024       Haley, Faith         Amount (\$)       Payee Address;       City; State; Zip         500.00       TX         Expenditure from corporate funds       TX         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.	Date	Payee name	
500.00       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) OF EXPENDITURE       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.         Date 09/01/2024       Payee name Haley, Faith       2024 Scholarship Recipient.         Amount (\$)       Payee Address; City; State; Zip 500.00       City; State; Zip         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.	07/01/2024	Gowdey, Peyton	
Expenditure from corporate funds       TX         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.         Date 09/01/2024       Payee name Haley, Faith       Payee Address; City; State; Zip         500.00       TX         Expenditure from corporate funds       TX         PURPOSE OF OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.	Amount (\$)	Payee Address; City; State; Zip	
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09/01/2024       Haley, Faith         Amount (\$)       Payee Address;       City; State; Zip         500.00       500.00         Expenditure from corporate funds       TX         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.	OF		•
09/01/2024       Haley, Faith         Amount (\$)       Payee Address;       City; State; Zip         500.00       500.00         Expenditure from corporate funds       TX         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information require 2024 Scholarship Recipient.	Date	Payee name	
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Expenditure from corporate funds       TX         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.	Amount (\$)	Payee Address; City; State; Zip	
Expenditure from corporate funds       TX         PURPOSE OF       (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense       (b) Description       (See instructions regarding type of information require 2024 Scholarship Recipient.	500.00		
PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information require         OF       Gift/Awards/Memorials Expense       2024 Scholarship Recipient.			
OF Gift/Awards/Memorials Expense 2024 Scholarship Recipient			
EAFENDITORE			

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Liberty County Republican Women PAC	3 Filer ID (Ethics Commission Filers 00088211
Date 12/31/2024	5 Payee name Prosperity Bank	
Amount (\$) 40.00	7Payee Address;City; State; Zip520 Main Street	
Expenditure from corporate funds	Liberty, TX 77575	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (Accounting/Banking	b) Description (See instructions regarding type of information required. service charge
Date 12/15/2024	Payee name Texas Federation of Republican Women	
Amount (\$) 253.00 Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183 Suite J4 Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (h fees to state chapter.	<ul> <li>b) Description (See instructions regarding type of information required. Member fees.</li> </ul>
Date	Payee name	
12/18/2024	Texas Federation of Republican Women	
Amount (\$) 20.20 Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183 Suite J4 Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (h Fees	b) Description (See instructions regarding type of information required. Member Fees.
Date 10/24/2024	Payee name Texas Federation of Republican Women	
Amount (\$)	Payee Address; City; State; Zip	
227.00 Expenditure from corporate funds	тх	
	(a) Category (See instructions for examples of acceptable categories) (t Fees	b) Description (See instructions regarding type of information required. Membership Fees.