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) 00054577 3 COMMITTEE NAME **OFFICE USE ONLY** North Shore Republican Women Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1993 Date Hand-delivered or Date Postmarked Change of Address Montgomery, TX 77356 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Chris NAME NICKNAME LAST **SUFFIX** Gurley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 49 Fairfield Drive STREET **ADDRESS** (Residence or Business) Montgomery, TX 77356 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 49 Fairfield Drive MAILING **ADDRESS** Montgomery, TX 77356 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 597-4409 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 05/03/2025 General Special Joint Election **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
North Shore Republic	can Women		00054577	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	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 MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	22,505.01
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	15,339.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	63,124.55
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 petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mrs Chi	ris Gurley	
		Signature of Car		rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me. by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 99
		EE NAME Ire Republican Women	18 Filer ID 00054577	(Ethio	cs Commission Filers)
		E SUBTOTALS			SUBTOTAL AMOUNT
NAI	ME OF :	SCHEDULE		_	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20,707.60
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,797.41
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
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 O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	15,339.84
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	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 1/49 Rpt: 4/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4		 Full name of contributor out-of-state Alexander, Anna Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356					
8	Principal occu Hairdresser	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 05/08/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$520.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions)		
	Hairdresser	,		. , ,	,		
	Date 01/17/2025	Full name of contributor out-of-state Alexander, Cathy Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Sugarland, TX 77479					
		pation / Job title (See Instructions) luage Pathologist		Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state Baker, Denise (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356				Amount of Contribution (\$)	\$80.00
	Principal occu Realtor	oation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state Banks, LuAnn Contributor address; City; State; Zip Code Montgomery, TX 77356				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions)		
			'				

	MONET	ARY POLITICAL CONTRIB	UTIONS		SCHEDULI	E A1
	The Instruc	tion Guide explains how to complete	e this form.	1	Total pages Schedule A1: Sch: 2/49 Rpt: 5/99	
2	FILER NAME North Shore	Republican Women			Filer ID (Ethics Commission 00054577	n Filers)
4	Date 04/03/2025	 Full name of contributor out-of-state Presented Barcello, Elizabeth Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$30.00
_		Montgomery, TX 77356	T			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/06/2025	Full name of contributor out-of-state Partell, Dotty Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	Drincinal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Retired	auton / 300 tille (See manuchons)	Employer (See instructions	3)		
	Date 02/21/2025	Full name of contributor out-of-state Pages, Kristin (Ms.) Contributor address; City; State; Zip Code	AC (ID#:)		Amount of Contribution (\$)	\$50.00
		Conroe, TX 77385				
	Principal occu Judge	oation / Job title (See Instructions)	Employer (See Instructions Montgomery County	s)		
	Date 05/15/2025	Full name of contributor out-of-state Problems Bernosky, Debra Contributor address; City; State; Zip Code Montgomery, TX 77356	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 03/03/2025	Full name of contributor out-of-state PA Bilby, Lois Contributor address; City; State; Zip Code Willis, TX 77318	AC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/49 Rpt: 6/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/06/2025	 Full name of contributor out-of-state PAC (ID#: Bolt, Cheryl (Ms.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$33.00
_		Conroe, TX 77304	I	_		
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#: Bolt, Cheryl (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Conroe, TX 77304				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#: Bolton, Irma (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#: Bowe, Barbara (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Brasic, Bonnie Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/49 Rpt: 7/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/17/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356	I			
8	Principal occup Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/25/2025	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired	adion 7 oob tile (See Instructions)	Employer (See manucuona	,		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_Brown, Janet (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356-8271				
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_Brown, Jayne (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356-8271)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_Buick, Stacey (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$35.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/49 Rpt: 8/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 04/03/2025	Full name of contributor		7	Amount of Contribution (\$)	\$50.00
_		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Bush, Melanie (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Deigning Langu	Conroe, TX 77384	Franks on (Cas Instructions	_		
	•	pation / Job title (See Instructions) Cty. Treasurer	Employer (See Instructions	5)		
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID#:_ Butler, Stacey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$90.00
		Montgomery, TX 77356				
	Principal occu Director, NR	pation / Job title (See Instructions) G Energy	Employer (See Instructions NRG Entergy	i)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Butler, Stacey Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions	·)		
	Director, NR	`	NRG Entergy	')		
	Date 02/25/2025	Full name of contributor out-of-state PAC (ID#:_ Carter, Elizabeth Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/49 Rpt: 9/99	
2	FILER NAME North Shore	Republican Women		3 Filer ID (Ethics Commission I 00054577	Filers)
4	Date 02/18/2025	 5 Full name of contributor out-of-state PAC (ID#:_Cash, Heather (Mrs.) 6 Contributor address; City; State; Zip Code)	7 Amount of Contribution (\$)	\$110.00
_	Deinsinal	Willis, TX 77378	O Frankrije (O a katestina		
8		pation / Job title (See Instructions) ney Investigator	9 Employer (See Instructions Montgomery County, Te		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#:_ Cash, Philip (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00
	Principal occu	Willis, TX 77378 pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Constable, F		Montgomery County, Te		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_ Chambers, Kent Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$20.00
		Willis, TX 77378			
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Chitty, Jan Contributor address; City; State; Zip Code Montgomery, TX 77356		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)	
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Clark, Alicia Contributor address; City; State; Zip Code Montgomery, TX 77356)	Amount of Contribution (\$)	\$40.00
	Principal occu Recruiter	pation / Job title (See Instructions)	Employer (See Instructions	5)	
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	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	tion Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 7/49 Rpt: 10/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/17/2025	 Full name of contributor out-of-state PAC (IE Clark, Roberta Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_	Dringing Loggy	Montgomery, TX 77356	Employer (Con Instruction	<u></u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (IE Clay, Iris Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$60.00
	Dringing oggu	Montgomery, TX 77356	Employer (See Instruction			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (IE Clendenin, Kim Contributor address; City; State; Zip Code))		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occup Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (IE Clendenin, Kim Contributor address; City; State; Zip Code Montgomery, TX 77356))		Amount of Contribution (\$)	\$55.00
	Principal occup Accountant	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (III Coffman, Karen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356	D#:)		Amount of Contribution (\$)	\$40.00
	Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	s)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/49 Rpt: 11/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/11/2025	5 Full name of contributor out-of-state PAC (ID#:_ Coleman, Steven 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Deignaignal annu	Montgomery, TX 77356	O Francisco (Con Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor)		Amount of Contribution (\$)	\$45.00
		Spring, TX 77384 pation / Job title (See Instructions)	Employer (See Instructions)		
Dental Management Coach						
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Coleman, Tammy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$150.00
		Spring, TX 77384				
		pation / Job title (See Instructions) agement Coach	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Collins, Stephanie (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Cooper, Jean-Ann Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 9/49 Rpt: 12/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/24/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356		_		
8	Principal occup Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Curry, Dianne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Dringing Lagour	Montgomery, TX 77356	Franksian (Cookasta stiene	_		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#: Darcy-Pawlak, Karen (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356-8423				
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$300.00
	Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Davis, Anne L. (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sales Consu	laii				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 10/49 Rpt: 13/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4		 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
_	Dringing! aggr	Montgomery, TX 77356	0. Employer (Co.) Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/15/2025	Full name of contributor out-of-state PAC (ID#: Davis, Katherine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
		Montgomery, TX 77356	_			
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Dawson, Stephanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Duncan, Linda Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#: Dycus, Carrie (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
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	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 11/49 Rpt: 14/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/17/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$5.00
0	Dringing ogg	Conroe, TX 77304	9 Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Eddleman, Barbara Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See instructions)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Eighmy, Penny Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_Esnard, Vanessa Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Global Direc	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Faubel, Julie (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$20.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/49 Rpt: 15/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/17/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ferguson, Joyce 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_	Deignaignal annu	Conroe, TX 77304	O Familia var (Can Instructiona			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Ferguson, Joyce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$189.00
	Dringing aggr	Conroe, TX 77304	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Joyce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$44.00
		Conroe, TX 77304				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/49 Rpt: 16/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 04/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Ferguson, Joyce 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$150.00
_	Deignaignal annu	Conroe, TX 77304	O Familia var (Coo la atrustia a			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 05/27/2025	Full name of contributor out-of-state PAC (ID#:_Finke, Shirley Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$65.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#: Fleck, Sandra Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$45.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_Flores, Heidi (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$60.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Fox, Suzanne Contributor address; City; State; Zip Code Mongomery, TX 77356)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 14/49 Rpt: 17/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Gehring, Pattie 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$65.00
•	Dringing occur	Montgomery, TX 77356	Employer (See Instructions			
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Gentz, Deborah (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Dein sin al a ser	Montgomery, TX 77316	Faralassa (Caralassa trastica)	<u></u>		
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Gilbert, Tracy (Judge) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
		Conroe, TX 77301				
		upation / Job title (See Instructions) ct Court Judge	Employer (See Instructions State of Texas	i)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Goodwin, Carol (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_Gotsch, Lesta (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$85.00
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 15/49 Rpt: 18/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#:_ Graham, Deborah 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00
_	Deignaignal annu	Montgomery, TX 77356	D. Faralayar (Can Instruction			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Gregory, Linda (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 upation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / sob title (see instructions)	Employer (See maiructions	,		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Griffin, B.D. Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$65.00
		Montgomery, TX 77316-1517				
	Principal occu County Attor	rpation / Job title (See Instructions) rney	Employer (See Instructions Montgomery County)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Grimes, Angie (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Guyton, Cynthia Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Stylist	ipation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/49 Rpt: 19/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 05/27/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$500.00
_		Conroe, TX 77302				
8	Judge	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hagan, Donna (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
	Dringing! aggs	Montgomery, TX 77356	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Halaska, Kathy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Hankla, Brenna Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$90.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Mail Services Store)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Harper, Becky Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIE	BUTION	IS		SCHEDULI	■ A1
	The Instruc	tion Guide explains how to complet	te this for	m.	1	Total pages Schedule A1: Sch: 17/49 Rpt: 20/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/12/2025	 Full name of contributor	PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
0	Dringing agou	Montgomery, TX 77356	lo.	Employer (See Instructions	_		
8	Retired	action / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 01/17/2025	Hart, Julie	PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356					
	Principal occup	nation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state Hart, Julie Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356					
	Principal occu RN	nation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 02/18/2025	Full name of contributor out-of-state Hatchley, Charlotte (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/06/2025	Full name of contributor out-of-state Havard, Ashlee Contributor address; City; State; Zip Code Montgomery, TX 77356				Amount of Contribution (\$)	\$40.00
	Principal occup	nation / Job title (See Instructions)		Employer (See Instructions	5)		
	resconmun						

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 18/49 Rpt: 21/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/24/2025	5 Full name of contributor out-of-state PAC (ID#:_ Heathcott, Charlotte (Mrs.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions			
0	Retired	pation / 300 title (See Instructions)	3 Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Herring, Debbie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Dein sin al a serv	Montgomery, TX 77356	Frankrije (Construction			
	Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self Employed)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Hlopak, Dorothy (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Holbert, Eileen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Hubbard, Jeanne (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/49 Rpt: 22/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Hudson, Echo 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$35.00
_	Deinsinal	Conroe, TX 77304				
8	Judge	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#:_ Hudson, Echo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
	Dringing aggr	Conroe, TX 77304	Employer (Co.) Instructions			
	Judge	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_ Hudson, Margaret Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Hurlik, Lillie Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$20.00
	Principal occu R.E. Invento	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ Hynes, Brenda Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$65.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/49 Rpt: 23/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 05/08/2025	5 Full name of contributor out-of-state PAC (ID#:_ Jepsen, Susan 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$150.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Retired	pation / Job title (See Instructions)	S Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor			Amount of Contribution (\$)	\$60.00
	Dringing occu	Montgomery, TX 77356	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_ Jones, Carolyn (Ms.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Kate, Ann (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$55.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_Kate, Ann (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 21/49 Rpt: 24/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/13/2025	 5 Full name of contributor out-of-state PAC (ID#:_Kate, Ann (Mrs.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions			
_	Retired	pation / 300 title (See Instructions)	3 Employer (See Instructions	,		
	Date 02/13/2025	Full name of contributor out-of-state PAC (ID#:_ Kate, Ann (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_ Kilpatrick, Paula Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_ Kimberling, Jill Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$55.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_Kribbs, Jan Contributor address; City; State; Zip Code Willis, TX 77318			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 22/49 Rpt: 25/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/14/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$60.00
_		Montgomery, TX 77356-8334				
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/06/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$32.00
	Principal occu	Montgomery, TX 77356-8334 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Retired	, , , , ,				
	Date 03/07/2025	Full name of contributor			Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Lasseter, Sharon Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$45.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Lemons, Linda Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	IS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to	o complete this for	m.	1	Total pages Schedule A1: Sch: 23/49 Rpt: 26/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/17/2025	5 Full name of contributor Lemons, Linda6 Contributor address; City; State)	7	Amount of Contribution (\$)	\$40.00
_	Dringing! aggs	Montgomery, TX 77356	10	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/03/2025	Full name of contributor Lenhart, Jodi Contributor address; City; State				Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356	į				
	Principal occur Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/05/2025	Full name of contributor Ligon, Brett (Mr.) Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356					
	Principal occu District Attorn	pation / Job title (See Instructions) ney		Employer (See Instructions Montgomery County	()		
	Date 01/17/2025	Full name of contributor Lineberger, Michelle (Mrs.) Contributor address; City; State Montgomery, TX 77356				Amount of Contribution (\$)	\$60.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor Livermore, Lisa Contributor address; City; State Montgomery, TX 77356	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			<u> </u>				

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 24/49 Rpt: 27/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 01/07/2025	5 Full name of contributor out-of-state PAC (ID#:_ Lohman, Paige 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$65.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions			
•	Retired	pation / Job title (See Instructions)	S Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor			Amount of Contribution (\$)	\$25.00
	Dringing aggr	Montgomery, TX 77356	Employer (Co.) Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Lookabaugh, Jacqueline (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$75.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_Love, Judith (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Love, Judy (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$18.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/49 Rpt: 28/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)
4	Date 02/14/2025	5 Full name of contributor out-of-state PAC (ID#:_Low, Martha (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$55.00
_	Deignaignal annu	Montgomery, TX 77356	D. Frankrian (Co. Lastrostina			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Mack, Wayne (Judge) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Conroe, TX 77305 upation / Job title (See Instructions)	Employer (See Instructions			
	Justice of the		Montgomery County	,		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Maddox, Linda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$45.00
		Spring, TX 77386				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Maddox, Lori (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$80.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Maggio, Pearl (Ms.) Contributor address; City; State; Zip Code The Woodlands, TX 77384)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 26/49 Rpt: 29/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/06/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$58.00
0	Dringing ogg	Spring, TX 77386 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Homemaker		9 Employer (See Instructions)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Joan (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$15.00
	Dringing aggr	Montgomery, TX 77356-8466	Employer (See Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Joan (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$10.00
		Montgomery, TX 77356-8466				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Martin, Joan (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356-8466			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (ID#:_Martin, Joan (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356-8466			Amount of Contribution (\$)	\$150.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 27/49 Rpt: 30/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Martin, Kristen 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_	Dringing Logg	Montgomery, TX 77356	D. Employer (Co.) Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/18/2025	Full name of contributor			Amount of Contribution (\$)	\$40.00
	Deire size al. a servi	Montgomery, TX 77356	Faralassa (Caralassa trastica)			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Maser, Shirley (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Willis, TX 77318				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ McCormack, Nicole Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Sales Consu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_McDaniel, Roxann Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$60.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 28/49 Rpt: 31/99	
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
	North Shore	Republican Women			L	00054577	
4	Date 03/26/2025	 Full name of contributor	out-of-state PAC (ID#:_ te; Zip Code		7	Amount of Contribution (\$)	\$55.00
		Montgomery, TX 77356					
8	Principal occu Retired	pation / Job title (See Instructions)		9 Employer (See Instructions	s)		
_	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/03/2025	McGuinn, Karen					\$45.00
		Contributor address; City; Sta	te; Zip Code				
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	04/03/2025	McGuinn, Karen					\$70.00
		Contributor address; City; State Montgomery, TX 77356	te; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>l</u> ;)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	04/03/2025	McKinnon, Gail (Mrs.)	_			(,,	\$1,000.00
		Contributor address; City; Star	te; Zip Code				
	Delegalent	Montgomery, TX 77356		Faradaya (Osa kastayati asa	$\overline{\Gamma}$		
	•	pation / Job title (See Instructions) mories Consultant		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	02/20/2025	McMahon, Jamice (Mrs.)					\$30.00
		Contributor address; City; Sta	te; Zip Code				
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	:) [
	Retired	occion 7 ood tile (See Hishacholis)		Employer (See Instructions	·)		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 29/49 Rpt: 32/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/20/2025	5 Full name of contributor out-of-state PAC (ID#:_ McMahon, Jamice (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$30.00
_	Deignaignal annu	Montgomery, TX 77356	O Frankrian (Coo Instructions	_		
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_McRae, Tammy (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Principal occu	Conroe, TX 77385 upation / Job title (See Instructions)	Employer (See Instructions	·,		
	Tax Assesso		Montgomery County, Te		5	
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_ Mendelow, Christy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Professional	pation / Job title (See Instructions) I Coach	Employer (See Instructions	5)		
	Date 03/26/2025	Full name of contributor out-of-state PAC (ID#:_Metcalf, Mary Ann (Mrs.) Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Metcalf, Megan (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$20.00
	Principal occu Homemaker	ppation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 30/49 Rpt: 33/99	
2	FILER NAME	Republican Women			3	Filer ID (Ethics Commission 00054577	on Filers)
_		·			Ŀ		
4	Date 02/14/2025	5 Full name of contributor Metcalf, Will (Rep.)6 Contributor address; City; St	out-of-state PAC (ID#:)	′	Amount of Contribution (\$)	\$60.00
0	Dringing Local	Montgomery, TX 77356 pation / Job title (See Instructions	, I	Employer /See Instructionary			
0		presentative House Dist. 16)	9 Employer (See Instructions Texas)		
	TX. State Re				_		
	Date 05/08/2025	Full name of contributor Metcalf, Will (Rep.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$2,000.00
		Montgomery, TX 77356					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Tx. State Re	presentative House Dist. 16		Texas			
	Date 04/03/2025	Full name of contributor Michalk, Lisa (Judge) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$20.00
		The Woodlands, TX 7738	2				
	Principal occu	I pation / Job title (See Instructions		Employer (See Instructions	<u>L</u>		
		t Court Judge	,	State of Texas	,		
	Date 03/07/2025	Full name of contributor Miller, Jennifer Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$90.00
		Montgomery, TX 77356					
	Principal occu Accountant	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		
	Date 01/07/2025	Full name of contributor Miller, Melisa (Ms.)	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
		Contributor address; City; St Cleveland, TX 77328-630					
	Principal occu District Clerk	pation / Job title (See Instructions)	Employer (See Instructions Montgomery County	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULI	E A1
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 31/49 Rpt: 34/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 06/26/2025	5 Full name of contributor [Miller, Melisa (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$250.00
8	Principal occur	Cleveland, TX 77328-6305 pation / Job title (See Instructions)		Employer (See Instructions			
0	District Clerk		9	Montgomery County	')		
	Date 01/14/2025	Full name of contributor [Minor, Linda Contributor address; City; Sta				Amount of Contribution (\$)	\$40.00
	5	Montgomery, TX 77356		5 1 (0 1 : "	Ĺ		
	Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 01/14/2025	Full name of contributor [Monahan, Eula Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$50.00
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor Monahan, Eula Contributor address; City; Sta Montgomery, TX 77356	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$30.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Date 02/12/2025	Full name of contributor [Monahan, Eula Contributor address; City; Sta Montgomery, TX 77356	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		

	MONET	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 32/49 Rpt: 35/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/14/2025	5 Full name of contributor out-of-state PAC (ID#:_ Montegut, Toni 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
_	Dringing Logg	Montgomery, TX 77356	0 Employer/Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor)		Amount of Contribution (\$)	\$45.00
	5	Montgomery, TX 77356				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#: Mueller, Virginia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$70.00
		Montgomery, TX 77356				
	Principal occu Author	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Mueller, Virginia Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$12.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_ Mueller, Virginia Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$113.00
	Principal occu Author	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 33/49 Rpt: 36/99			
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	ı Filers)		
4	Date 02/12/2025	5 Full name of contributor out-of-state PAC (ID#:_ Mueller, Virginia 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$14.00		
0	Dringing occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer /See Instructions					
8	Author	pation / Job title (See Instructions)	9 Employer (See Instructions)				
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Mueller, Virginia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00		
	Deinsinal assu	Montgomery, TX 77356	Frankrija (Cas Instructions					
	Author	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Naughton, Joanne (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00		
		Montgomery, TX 77356						
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Neidner, Sharon Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$40.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ North, Leslie Gail Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$40.00		
	Principal occu Substitute To	pation / Job title (See Instructions) eacher	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 34/49 Rpt: 37/99			
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)		
4	Date 02/21/2025	5 Full name of contributor out-of-state PAC (ID#:_ O'Donnell, Meg 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$55.00		
_	Dringing Lagor	Montgomery, TX 77356	O Franks or (Cas Instructions					
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_ O'Neil, Sharon (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$17.00		
	5	Montgomery, TX 77356						
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ O'Neil, Sharon (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00		
		Montgomery, TX 77356						
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 05/07/2025	Full name of contributor out-of-state PAC (ID#:_ O'Neil, Sharon (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$257.25		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 02/18/2025	Full name of contributor out-of-state PAC (ID#:_ Offutt, Donna (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 35/49 Rpt: 38/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 02/14/2025	 Full name of contributor out-of-state PAC (ID#:_Pavelka, Katherine Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Dringing! goog	Montgomery, TX 77356	0 Employer/Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: Pleasants, Gloria Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$55.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired Phar		Employer (God morradiene			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_ Prange, Phyllis Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$30.00
		Mongtomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Printz, Gail Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$85.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Repal, Georgana Contributor address; City; State; Zip Code Houston, TX 77018-1311)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONEI	ARY POLITICAL CO	NIRIBUTIO	INS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to	complete this fo	orm.	1	Total pages Schedule A1: Sch: 36/49 Rpt: 39/99	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	North Shore	Republican Women				00054577	
4	Date 02/12/2025	5 Full name of contributor Riedlinger, Claudia (Mrs.)6 Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)	7	Amount of Contribution (\$)	\$22.00
		Montgomery, TX 77356-8423	3				
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	()		
	Retired Nurs	e Practitioner					
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	03/07/2025	Riedlinger, Claudia (Mrs.)				, ,	\$45.00
		Contributor address; City; State	; Zip Code				
		Montgomery, TX 77356-8423	3				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	01/14/2025	Riley, Jacqueline					\$40.00
		Contributor address; City; State Montgomery, TX 77356	; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Retired	,		, , ,			
	Date 02/18/2025	Full name of contributor Robb, Karli Contributor address; City; State Montgomery, TX 77356	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$65.00
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions			
	SVP	pation / dob title (dee mondenons)		Oryx Communications	')		
	Date	Full name of contributor	out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	02/18/2025	Robin, Jennifer (Judge)					\$65.00
		Contributor address; City; State Conroe, TX 77304	; Zip Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	410th Distric	t Court Judge		State of Texas			

	MONET	ARY POLITICAL CONTRIBUTION	NS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 37/49 Rpt: 40/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#:_ Rodriguez, Julie (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$60.00
		Montgomery, TX 77356				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Rose, Teresa Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See Instructions)	Employer (See instructions	')		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Roth, Donna Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Santini, Vince Contributor address; City; State; Zip Code Conroe, TX 77384			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_Scannell, Suzanne (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 38/49 Rpt: 41/99		
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)	
4	Date 04/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Schrader, Cori 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
8	Principal occu	Round Rock, TX 78665 pation / Job title (See Instructions)	9 Employer (See Instructions)			
_	Executive As		Campio de la companya				
	Date 03/07/2025	Full name of contributor)		Amount of Contribution (\$)	\$5.00	
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_Sebek, Barbara Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00	
		Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Sellers, Antonia (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$60.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Sellers, Antonia (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	■ A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/49 Rpt: 42/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 02/06/2025	5 Full name of contributor out-of-state PAC (ID#:_ Shibley, Sunday 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00
_		Willis, TX 77318				
8	Activist	pation / Job title (See Instructions)	9 Employer (See Instructions))		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Shibley, Sunday Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Dringing aggr	Willis, TX 77318	Employer (See Instructions			
	Activist	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Shumaker, Mary (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Simms, Rick Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu	Willis, TX 77318 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired					
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Skinner, Sheri Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 40/49 Rpt: 43/99		
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)	
4	Date 02/06/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$15.00	
_	Deignaignal annu	Montomery, TX 77356	C. Franks voy (Cook hotely attack				
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 03/06/2025	Full name of contributor			Amount of Contribution (\$)	\$85.00	
	Principal occu	Montomery, TX 77356 pation / Job title (See Instructions)	Employer (See Instructions				
	Retired	pation / 300 title (See Instituctions)	Employer (See manuchons	,			
	Date 04/03/2025	Full name of contributor)		Amount of Contribution (\$)	\$20.00	
		Montomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Andrea Contributor address; City; State; Zip Code Montomery, TX 77356			Amount of Contribution (\$)	\$154.35	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Andrea Contributor address; City; State; Zip Code Montomery, TX 77356			Amount of Contribution (\$)	\$20.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE	■ A1
	The Instruc	tion Guide explains how to con	mplete this form	n.	1	Total pages Schedule A1: Sch: 41/49 Rpt: 44/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 03/07/2025	Smith, Angela	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$30.00
		Montgomery, TX 77356	-				
8	Principal occur Retired	pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of Smith, Beverly (Mrs.) Contributor address; City; State; Zip C				Amount of Contribution (\$)	\$20.00
	Principal occur	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions			
	Realtor	valion / Job title (See Instructions)		Employer (See instructions	,		
	Date 01/17/2025	Full name of contributor out-of Smith, Beverly (Mrs.) Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$65.00
		Montgomery, TX 77356					
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 01/17/2025	Smith, Karen (Mrs.)				Amount of Contribution (\$)	\$14.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 02/14/2025	Smith, Karen (Mrs.)				Amount of Contribution (\$)	\$55.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions)		
			1				

	MONET	ARY POLITICAL CONTRIB	UTIO	NS		SCHEDUL	E A1
	The Instruc	etion Guide explains how to complete	e this foi	m.	1	Total pages Schedule A1: Sch: 42/49 Rpt: 45/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 01/22/2025	 Full name of contributor out-of-state P Smith, Martin Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
_	Dringing! aggs	Montgomery, TX 77356	10	Employer (Coo Instructions	<u></u>		
0	Real Estate	pation / Job title (See Instructions) Broker	9	Employer (See Instructions	·)		
	Date 01/17/2025	Full name of contributor out-of-state P South, Ann (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$60.00
	Dringinal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Retired	valion / Job title (See instructions)		Employer (See instructions)		
	Date 02/14/2025	Full name of contributor out-of-state P Spain, Missy Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Montgomery, TX 77356					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/03/2025	Full name of contributor out-of-state P Stanton, Genette Contributor address; City; State; Zip Code Montgomery, TX 77356				Amount of Contribution (\$)	\$20.00
	•	oation / Job title (See Instructions) fessional Counslor		Employer (See Instructions	5)		
	Date 05/06/2025	Full name of contributor out-of-state P Stanton, Genette Contributor address; City; State; Zip Code Montgomery, TX 77356	-)		Amount of Contribution (\$)	\$150.00
	•	pation / Job title (See Instructions) fessional Counslor		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete thi	s form.	1	Total pages Schedule A1: Sch: 43/49 Rpt: 46/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	on Filers)
4		 Full name of contributor		7	Amount of Contribution (\$)	\$1,029.00
_	Dringing! aggr	Montgomery, TX 77356	0 Employer (Con Instruction	<u></u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	S)		
	Date 02/18/2025	Full name of contributor out-of-state PAC (IET Talley, Jan (Mrs.) Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$30.00
	Dringing! aggr	Montgomery, TX 77356	Employer (Coo Instruction	<u></u>		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (IE Tinsman, Sally (Mrs.) Contributor address; City; State; Zip Code) #:)		Amount of Contribution (\$)	\$45.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (III Tompkins, Dianne (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356	D#:)		Amount of Contribution (\$)	\$65.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID Toth, Pat Contributor address; City; State; Zip Code Willis, TX 77318	D#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	5	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete th	is form		1	Total pages Schedule A1: Sch: 44/49 Rpt: 47/99	
2	FILER NAME North Shore	Republican Women			3	Filer ID (Ethics Commission 00054577	n Filers)
4		 Full name of contributor)	7	Amount of Contribution (\$)	\$90.00
	Dringing aggr	Montgomery, TX 77356	lo =	impleyer (See Instructions			
8	Judge	pation / Job title (See Instructions)	9 =	imployer (See Instructions)		
	Date 04/17/2025	Full name of contributor out-of-state PAC (Tucker, Amy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$400.00
	Dringinal occur	Montgomery, TX 77356 pation / Job title (See Instructions)		imployer (See Instructions			
	Judge	adion / Job line (See instructions)		imployer (See instructions)		
	Date 05/15/2025	Full name of contributor out-of-state PAC (Tucker, Katy Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$25.00
		Montgomery, TX 77358					
	Principal occu Retired	pation / Job title (See Instructions)	E	mployer (See Instructions)		
	Date 02/20/2025	Full name of contributor out-of-state PAC (Valdez, Scharlene Contributor address; City; State; Zip Code Conroe, TX 77304				Amount of Contribution (\$)	\$20.00
		oation / Job title (See Instructions) y Court at Law #6	E	mployer (See Instructions)		
	Date 05/27/2025	Full name of contributor out-of-state PAC (Valdez, Scharlene Contributor address; City; State; Zip Code Conroe, TX 77304)		Amount of Contribution (\$)	\$500.00
		oation / Job title (See Instructions) y Court at Law #6	E	mployer (See Instructions)		
			·				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 45/49 Rpt: 48/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	Filers)
4	Date 01/14/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$40.00
_		Montgomery, TX 77356				
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Dringing! aggr	Montgomery, TX 77356	Employer (See Instructions			
	Housewife	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
		Montgomery, TX 77356				
	Principal occu Housewife	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$80.00
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u> </u>				

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instru	nstruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 46/49 Rpt: 49/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 03/07/2025	5 Full name of contributor out-of-state PAC (ID#:_ Walker, Karen (Mrs.) 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$40.00
•	Dringing oggu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/14/2025 Walker, Linda (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
	Deignaignal annu	Montgomery, TX 77356	Faralous (Coo la structiona			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/14/2025 Walker, Linda (Dr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$40.00	
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#:_ Walls, Tracie Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$775.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Warnsman, Virginia Contributor address; City; State; Zip Code Willis, TX 77318)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 47/49 Rpt: 50/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 04/03/2025			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)	9 Employer (See Instructions)		
Registered Nurse						
	Date Full name of contributor out-of-state PAC (ID#:) 03/07/2025 Way, Melinda Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00	
		Montgomery, TX 77356-5130				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2025	Full name of contributor out-of-state PAC (ID#:_ Weatherford, Bonnie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
		Montgomery, TX 77356				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/14/2025	Full name of contributor out-of-state PAC (ID#:_ Weatherford, Bonnie Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_ Whitman, Ronnie Contributor address; City; State; Zip Code Conroe, TX 77302)		Amount of Contribution (\$)	\$46.00
	Principal occu Beekeeper	pation / Job title (See Instructions)	Employer (See Instructions Whitman Farm)		

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	nstruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 48/49 Rpt: 51/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission Filers 00054577	
4	Date 04/11/2025			7	Amount of Contribution (\$)	\$30.00
_	Deignain al annu	Conroe, TX 77385	D. Faralayar (God Instructions			
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/08/2025 Williamson, Jane Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00	
	Principal occu	Conroe, TX 77304 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See instructions)	Employer (See Instructions	,		
	Date Full name of contributor out-of-state PAC (ID#:) 02/21/2025 Wise, Merry (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00	
		Austin, TX 78734				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#:_ Wood, Howard Contributor address; City; State; Zip Code Conroe, TX 77304			Amount of Contribution (\$)	\$250.00
	Principal occu City Council	npation / Job title (See Instructions) man	Employer (See Instructions City of Conroe)		
	Date O1/14/2025 Full name of contributor out-of-state PAC (ID#:) Woodruff, Cozette Contributor address; City; State; Zip Code Montgomery, TX 77356			Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/49 Rpt: 52/99	
2	FILER NAME North Shore	Republican Women		3	Filer ID (Ethics Commission 00054577	n Filers)
4	Date 02/18/2025 5 Full name of contributor out-of-state PAC (ID#:) Wright, Jay 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00	
		Contoe, TX 77302				
8	•	upation / Job title (See Instructions) e #2 9th Ct of Appeals	9 Employer (See Instructions State of Texas	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/08/2025 Wright, Jay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
		Contoe, TX 77302		L		
Principal occupation / Job title (See Instructions) Justice Place #2 9th Ct of Appeals Employer (See Instructions State of Texas		s)				
	Date Full name of contributor out-of-state PAC (ID#:) 101/17/2025 York, Christine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
		Montgomery, TX 77356				
	Principal occu Jewelry App	upation / Job title (See Instructions) oraiser	Employer (See Instructions	s)		
	Date 01/17/2025	Full name of contributor out-of-state PAC (ID#:_Young, Annette (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$)	\$30.00
	Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions Retired Artist	s)		

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/6 Rpt: 53/99			
2 FILER NAME	LER NAME			3 Filer ID (Ethics Commission Filers)		
	e Republican Women		00054577			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 01/08/2025 6 Full name of contributor out-of-state PAC (ID#:) 8 Billingsley, Leigh 7 Contributor address; City; State; Zip Code Montgomery, TX 77356			9 In-kind contribution description Christmas Ornaments and Star Ornament Decorations to be used at I Annual Fundraiser Dutside of Texas. Complete Schedule T.			
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See i	nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Billingsley, Leigh Contributor address; City; State; Zip Code		Amount of contribution (\$) \$35.41	In-kind contribution description Easter Decorations to be used at Annual Fundraiser		
	Montgomery, TX 77356		Check if travel of	I butside of Texas. Complete Schedule T.		
Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$70.00	In-kind contribution description Gorham Doll, Socks, Napkins to be used at Fundraiser		
	Montgomery, TX 77356		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See i	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/6 Rpt: 54/99
2 FILER NAME North Shore	Republican Women	3 Filer ID (Ethics Commission Filers) 00054577	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
03/19/2025 Darcy-Pawlak, Karen (Mrs.) 7 Contributor address; City; State; Zip Code		8 Amount of contribution (\$) In-kind contribution (\$) description \$35.00 I Easter Decorations to be used at Annual Fundraiser	
10 Principal occu	Montgomery, TX 77356-8423 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. -JUDICIAL) (See instructions)
Retired	, , ,	1, 1, 1	, ,
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/08/2025	Full name of contributor out-of-state PAC (ID#: Graham, Deborah Contributor address; City; State; Zip Code)	Amount of In-kind contribution description \$50.00 Fall Decorations, Pillow, Pumpkin, to be used at Annual Fundraiser
	Montgomery, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 02/05/2025	Full name of contributor out-of-state PAC (ID#: Graham, Deborah Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$25.00 Christmas and Valentine Decorations to be used at Annual Fundraiser
	Montgomery, TX 77356	T	Check if travel outside of Texas. Complete Schedule T.
Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)
Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
I			

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 3/6 Rpt: 55/99		
2 FILER NAME			3	Filer ID (Ethic	s Commission Filers)	
	Republican Women			00054577		
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 05/07/2025	 Full name of contributor out-of-state PAC (ID#:			contribution (\$) \$55.00	 9 In-kind contribution description 2 Outdoor Thermometers, 1 Easter Basket, 1 Memo Pad to be used at Fundraiser Putside of Texas. Complete Schedule T. 	
10 Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUI	DICIAL) (See ir	nstructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOI	R JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's s	spouse (if any) (I	FOR JUDICIAL)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l				
Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:)			In-kind contribution description 3' Christmas Tree to be used at Annual Fundraiser	
	Montgomery, TX 77356			Check if travel o	utside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See instructions) emories Consultant	Employer (FOR NON	I-JUI	DICIAL) (See ir	nstructions)	
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOI	R JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's s	spouse (if any) (I	FOR JUDICIAL)	
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 01/06/2025	Full name of contributor out-of-state PAC (ID#: McKinnon, Gail (Mrs.) Contributor address; City; State; Zip Code)			In-kind contribution description 5 Patriotic Ornaments to be used at Annual Fundraiser	
Dringing! acc	Montgomery, TX 77356 Ination / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NOV			outside of Texas. Complete Schedule T.	
	upation / Job title (FOR NON-JUDICIAL) (See instructions) emories Consultant	Employer (FOR NON	ı-JUl	DICIAL) (See II	ion uctivito)	
Contributor's	Contributor's job title (FOR JUDICIAL) (See instructions)					
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

The Instru	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 4/6 Rpt: 56/99		
2 FILER NAME	Priler Name			3 Filer ID (Ethics Commission Filers)		
North Shore	Republican Women		00054577			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution		
04/02/2025	McKinnon, Gail (Mrs.)		contribution (\$)	description Rabit Door Hanger to be		
	7 Contributor address; City; State; Zip Code		\$32.00	used at Fundraiser		
				, 		
	Montgomery, TX 77356		Charle if traval of	I butside of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)		
	emories Consultant		,			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
04/02/2025	McKinnon, Gail (Mrs.)		contribution (\$)	description Patriotic Santa Platter to		
	Contributor address; City; State; Zip Code		Ψ20.00	be used at Fundraiser		
				! 		
	Montgomery, TX 77356		_	 		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)			
· ·	emories Consultant	Employer (Foretvore	(000)(0)/(0)	,		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of	In-kind contribution		
02/05/2025	Mendelow, Christy		contribution (\$)	description Various Christmas Holiday		
	Contributor address; City; State; Zip Code		Ψ100.00	Decorations to be used at		
				Annual Fundraiser		
	Montgomery, TX 77356		_	 		
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		outside of Texas. Complete Schedule T.		
Professiona	'	Linployer (1 Olt NOI)	N-30DICIAL) (SSS II	iou dodono)		
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
	,		(,		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if a			or's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 5/6 Rpt: 57/99
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
North Shore	Republican Women	00054577	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
01/08/2025	Mendelow, Christy		contribution (\$) description \$10.0012 Valentine's Napkins to
	7 Contributor address; City; State; Zip Code		be used at Annual
			Fundraiser
	Montgomony TV 77256		_
10 Dringing age	Montgomery, TX 77356 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. I-JUDICIAL) (See instructions)
Professiona	,	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
12 Continuators	principal occupation (FOR JODICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
14 Continuators	employernaw IIIII (FOR 30DICIAL)	13 Law IIIII of Contribute	of a spouse (ii arry) (FOR JODICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	
10 ii continuator	is a clind, law little of paretiles) (if any) (if the source of		
Dete	Editoria de catillata		Account of the bind contribution
Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
01/08/2023	Mendelow, Christy		\$10.00 I 1 Valentine Heart Bowl to
	Contributor address; City; State; Zip Code		be used at Annual
			Fundraiser
	Montgomery, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Professiona	,		,
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:	1	Amount of In-kind contribution
04/02/2025	O'Neil, Sharon (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$150.00 Painting of Past
			Presidents to be used at Fundraiser
	Montgomery, TX 77356		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Retired			
Contributor's principal occupation (FOR JUDICIAL) Contributor's job			(FOR JUDICIAL) (See instructions)
Contributor's	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

The Instruction Guide explains how to complete this form.			1 Total pages Sch Sch: 6/6 Rpt:			
2 FILER NAME	FILER NAME			3 Filer ID (Ethics Commission Filers)		
	e Republican Women		00054577			
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 01/04/2025 6 Full name of contributor out-of-state PAC (ID#:) 5 Stephens, Kay 7 Contributor address; City; State; Zip Code Willis, TX 77318		contribution (\$) \$50.00	9 In-kind contribution description Scented Handcare to be used at Annual Fundraiser			
10 Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 06/12/2025	Full name of contributor out-of-state PAC (ID#: Stephens, Kay Contributor address; City; State; Zip Code			In-kind contribution description 2-Night Stay at McKay Cottage in Wimberly, Texas used for Fundraiser		
	Willis, TX 77318		Check if travel of	l outside of Texas. Complete Schedule T.		
Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON		nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date 06/21/2025	Full name of contributor out-of-state PAC (ID#:			In-kind contribution description Montgomery County Map 1895 to be used at fundraiser		
	Austin, TX 78734		Check if travel of	utside of Texas. Complete Schedule T.		
Principal occ Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	r's spouse (if any) (FOR JUDICIAL)		
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/41 Rpt: 59/99	North Shore Republican Women 00054577
4 Date	5 Payee name
04/03/2025	AT&T Hotel and Conference Center
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.94	1900 University Avenue
Expenditure from corporate funds	Austin, TX 78705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Portion Paid for hotel stay for TFRW Legislative Day
	in Austin
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
04/25/2025	AT&T Hotel and Conference Center
Amount (\$)	Payee address; City; State; Zip Code
\$30.94	1900 University Avenue
Expenditure from	
corporate funds	Austin, TX 78705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Overnight stay for Legislative Day 2025
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	y
Date	Payee name
04/30/2025	AT&T Hotel and Conference Center
Amount (\$)	Payee address; City; State; Zip Code
\$30.94	1900 University Avenue
Evpanditure from	
Expenditure from corporate funds	Austin, TX 78705
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Hotel Charges for TFRW Legislative Day in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
4 Tatal manua Cabadala E4.					
1 Total pages Schedule F1: Sch: 2/41 Rpt: 60/99	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577				
4 Date	5 Payee name				
06/03/2025	AT&T Hotel and Conference Center				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$125.00	1900 University Avenue				
Expenditure from	Austin TV 7070F				
corporate funds	Austin, TX 78705				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Hotel Expense				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Hotel Expense for TFRW Legislative Day				
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/24/2025	Amazon Marketplace				
	·				
Amount (\$)	Payee address; City; State; Zip Code				
\$197.75	410 Terry Avenue North				
Expenditure from corporate funds	Seattle, WA 98109				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Purchased Diaper Bag Backpacks for Pregnancy				
	Center				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
04/24/2025	Amazon Marketplace				
	·				
Amount (\$)	Payee address; City; State; Zip Code				
\$243.10	410 Terry Avenue North				
Expenditure from corporate funds	Seattle, WA 98109				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Donation Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Purchase Maternity Clothing for Pregnancy Centers				
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
SAPSHALLES TO DOTTOTIC OF O	experience to benefit 0/011				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Polit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula E4.	
1 Total pages Schedule F1: Sch: 3/41 Rpt: 61/99	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577
4 Date	5 Payee name
04/24/2025	Amazon Marketplace
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$125.64	410 Terry Avenue North
- "	
Expenditure from corporate funds	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Donation Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Purchase Diaper Bag Backpacks for Pregnancy
	Centers
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/25/2025	Amazon Marketplace
Amount (\$)	Payee address; City; State; Zip Code
\$36.78	410 Terry Avenue North
,,,,,,	, ,
Expenditure from corporate funds	Seattle, WA 98109
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Merchandise Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Stars for decorations for Upcoming Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2025	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$65.97	22300 Northwest Drive
Expenditure from corporate funds	Spring, TX 77389
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift Table Merchandise Check if travel outside of Texas. Complete Schedule T.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Gift Table Merchandise - Classic Trump MAGA Variety Pack, American Flag 3x5 Outdoor
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

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
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTHER (extense extenses and listed above)

Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services			se s/Contract Labor		OTHER (enter a	strict a category not listed above)
Credit Card Payment		The Instruction Guide	e explains how to co	omple	ete this form.			
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 4/41 Rpt: 62/99	North Shore	Republican Wom	en				00054577	
4 Date	5 Payee name							
02/07/2025	Amazon.cor	n						
6 Amount (\$)	7 Payee addres	ss; City;	State; Zip Co	ode				
\$32.46	22300 North	west Drive						
Expenditure from corporate funds	Spring, TX 7	7389						
8 PURPOSE				(h)	Description			
OF	Gift Table M	e Categories listed at the to	op of this schedule)	(0)	Description Check if travel of	outsi	de of Texas, Com	plete Schedule T.
EXPENDITURE	GIIL Table IV	erchanuise			=		officeholder living	
					Gift Table Me	erch	nandiseSP	UDZ Ultra Patriotic
					Variety Pack			
9 Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ught			Office h	eld
expenditure to benefit C/OI	H							
Date	Payee name							
04/18/2025	1	_eague of Montgo	mery County					
Amount (\$)	Payee addres		State; Zip Co	nde				
\$50.00	126 N. San		State, Zip St	Juc				
Ψ50.00	120 11. 3411	Jacinto						
Expenditure from	Course TV	77201						
corporate funds	Conroe, TX							
PURPOSE OF	l	e Categories listed at the to		(b)	Description		df.T O	onless Calcadiala T
EXPENDITURE	Gift/Awards	Memorials Expen	se				de of Texas. Com officeholder living	plete Schedule T.
					ш			embers Spouse
Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ıaht			Office h	eld
expenditure to benefit C/OI								
Date	Davies name							
02/18/2025	Payee name	acht & Country Cl	ub					
		acht & Country Cl						
Amount (\$)	Payee addres		State; Zip Co	ode				
\$60.00	800 Bentwa	ter Dr.						
Expenditure from								
corporate funds	Montgomery	ı, TX 77356						
PURPOSE	(a) Category (Se	e Categories listed at the to	op of this schedule)	(b)	Description			
OF EXPENDITURE	Event Expe	nse			ш		de of Texas. Com officeholder living	plete Schedule T.
					ш			for Monthly Meeting
					Lanon for ope	can	ici a Gacsi	for Worlding Weeting
Complete <u>ONLY</u> if direct	Candidate/Offic	ceholder name	Office sou	laht			Office h	eld
expenditure to benefit C/OI		Januar Hamo	311100 300	-911t			Since II	J

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card F dyment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/41 Rpt: 63/99	North Shore Republican Women	00054577
4 Date	5 Payee name	
03/18/2025	Bentwater Yacht & Country Club	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$269.83	800 Bentwater Dr.	
Expenditure from corporate funds	Montgomery, TX 77356	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Overnight stay and luncheon Speaker for Monthly
		Meeting
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		
Date	Payee name	
04/15/2025	Bentwater Yacht & Country Club	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$288.10	800 Bentwater Dr.	
+_0 0	000 20	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE OF	G 5 (cos sansgenes actes at the tell of the constant)	(b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Lunch for 3 Speakers and Stage setup for Monthly
		Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/OI	4	
Date	Payee name	
05/09/2025	Bentwater Yacht & Country Club	
Amount (\$)	Payee address; City; State; Zip Co	de
\$210.00	800 Bentwater Dr.	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LA LIBITOR		Check if Austin, TX, officeholder living expense Lunches for Speaker and 6 guests for Monthly
		Meeting
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		Jiit Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/41 Rpt: 64/99	North Shore Republican Women 00054577
4 Date	5 Payee name
06/03/2025	Bentwater Yacht & Country Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$90.00	800 Bentwater Dr.
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Speaker plus 2 guests Monthly Meeting
	Speaker plus 2 guests working
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/14/2025	Braun's Engraving
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	810 West David Street
Expenditure from corporate funds	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Nametags Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Nametags for Members
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2025	Braun's Engraving
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	810 West David Street
\$75.00	810 West David Street
Expenditure from corporate funds	Conroe, TX 77301
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Nametags Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Nametags for members
Complete CAU V if dire	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Layment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 7/41 Rpt: 65/99	North Shore Republican Women		00054577	
4 Date	5 Payee name			
03/18/2025	Braun's Engraving			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$75.00	810 West David Street			
- "				
Expenditure from corporate funds	Conroe, TX 77301			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Nametag	Check if travel	l outside of Texas. Com	
LAPENDITORE			n, TX, officeholder living	g expense
		Nametags fo	n Members	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	laht.	Office he	7ld
expenditure to benefit C/OI		agni	Office ne	eiu
Data				
Date 04/03/2025	Payee name			
	Braun's Engraving			
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$25.00	810 West David Street			
Expenditure from	0 TV 77004			
corporate funds	Conroe, TX 77301	1		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Loutside of Toyon Com	nlote Cobodule T
EXPENDITURE	Nametag		I outside of Texas. Com n, TX, officeholder living	
		Nametag for		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght	Office he	eld
expenditure to benefit C/OI	H			
Date	Payee name			
05/09/2025	Braun's Engraving			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$37.50	810 West David Street			
Expenditure from corporate funds	Conroe, TX 77301			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Nametags		l outside of Texas. Com	
EXPENDITORE		_ _	n, TX, officeholder living	g expense
		Nametags fo	ir Giπ Table	
Complete ONLY if direct	Condidate/Officeholder name	labt.	Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ugnt	Office he	eiu
•				

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complet	te this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/41 Rpt: 66/99	North Shore Republican Women	00054577
4 Date	5 Payee name	•
06/20/2025	Braun's Engraving	
6 Amount (\$) \$25.00	7 Payee address; City; State; Zip Code 810 West David Street	
Expenditure from corporate funds	Conroe, TX 77301	
8 PURPOSE OF EXPENDITURE	Nametags	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Nametags for Members
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/09/2025	Comptroller of Public Accounts	
Amount (\$)	Payee address; City; State; Zip Code	
\$416.52	P.O. Box 149355	
Expenditure from corporate funds	Austin, TX 78714	
PURPOSE OF EXPENDITURE	Sales Taxes	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sales Taxes from Gift Table Sales
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/30/2025	Creative Memories	
Amount (\$) \$339.44	Payee address; City; State; Zip Code 1100 Sterns Drive	
Expenditure from corporate funds	Sauk Rapids, MN 56379	
PURPOSE OF EXPENDITURE	Supplies	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Historian
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/41 Rpt: 67/99	North Shore Republican Women 00054577
4 Date	5 Payee name
01/27/2025	Fauble, Julie
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	3110 Golfcrest Drive
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Honorarium Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Honorarium District Director
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefit 6/01	
Date	Payee name
01/27/2025	Fauble, Julie
Amount (\$)	Payee address; City; State; Zip Code
\$20.00	3110 Golfcrest Drive
Expenditure from corporate funds	Montgomery, TX 77356
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Refund Associate Membership. Associate
	Membership honorarium
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/14/2025	Google Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$76.75	1600 Amphitheatre Parkway
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Communications Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Media - Google Workspace Email Addresses for
	Officers
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplet	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 10/41 Rpt: 68/99	North Shore Republican Women		00054577
4 Date	5 Payee name		•
02/07/2025	Google Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$69.72	1600 Amphitheatre Parkway		
Expenditure from corporate funds	Mountain View, CA 94043		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Communications	[Check if travel outside of Texas. Complete Schedule T.
-			Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers
			wiedia - Google Workspace email for officers
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O		ugnt	Office field
Date	Payee name		
03/24/2025	Google Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$66.52	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountain View, CA 94043		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Communications	[Check if travel outside of Texas. Complete Schedule T.
_/			Check if Austin, TX, officeholder living expense
			Media - Google Workspace email for officers
Complete ONLY if direct	Candidate/Officeholder name Office sou	uaht	Office held
expenditure to benefit C/O		agrit	Cine neid
Data	B		
Date 04/03/2025	Payee name Google Inc.		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$66.52	1600 Amphitheatre Parkway		
Expenditure from			
corporate funds	Mountain View, CA 94043		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Communications	[Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			Media - Google Workspace email for officers
Complete ONLY if direct	Candidate/Officeholder name Office sou	liap+	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ugiil	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 11/41 Rpt: 69/99	North Shore Republican Women	00054577
4 Date	5 Payee name	
05/09/2025	Google Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$76.09	1600 Amphitheatre Parkway	
— Formanditure from		
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Communications	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Media - Google Workspace email for officers
		Wedla Coogle Workspace Small for Smoote
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI		giit Sinos iisid
Data		
Date 06/13/2025	Payee name	
	Google Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$53.73	1600 Amphitheatre Parkway	
Expenditure from	Mountain View, CA 94043	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Communications	Check if dayer duside of Texas. Complete Scriedule 1.
		Media - Google Workspace email for officers
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/17/2025	Hobby Lobby	
Amount (\$)	Payee address; City; State; Zip Co	de
\$64.61	1217 N. Loop 336 West	
4552		
Expenditure from corporate funds	Conroe, TX 77301	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Supplies for Willis Senior Bingo
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul	ght Office held
experientare to benefit ever		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/41 Rpt: 70/99	North Shore Republican Women	00054577
4 Date	5 Payee name	•
02/07/2025	Intuit QuickBooks	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$105.53	2800 E. Commerce Center Place	
Expenditure from corporate funds	Tucson, AZ 85706	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Monthly Fee	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Monthly Fee for Quickbooks Online
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/O		d Office field
Date	Payee name	
03/07/2025	Intuit QuickBooks	
Amount (\$)	Payee address; City; State; Zip Code	2
\$105.53	2800 E. Commerce Center Place	
— Formanditure from		
Expenditure from corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Monthly Fee	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Monthly Fee for Quickbooks Online
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	•	d Office field
Date	Payee name	
06/03/2025	Intuit QuickBooks	
Amount (\$)	Payee address; City; State; Zip Code	•
\$28.28	2800 E. Commerce Center Place	
Expenditure from		
corporate funds	Tucson, AZ 85706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Monthly Fee	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Monthly Fee for Quickbooks Online
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough H	t Office held
3.,50		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 13/41 Rpt: 71/99	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577
4 Date	5 Payee name
06/27/2025	Intuit QuickBooks
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$37.31	2800 E. Commerce Center Place
Expenditure from	Tucson, AZ 85706
corporate funds 8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Monthly Fee (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Monthly Fee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly Fee for Quickbooks Online
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/06/2025	Jay's Hope
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	902 Bentwater Drive
Evanditure from	
Expenditure from corporate funds	Montgomery, TX 77356
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
	Memorial Donation in memory of member's spouse
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/13/2025	Kate, Ann
Amount (\$)	Payee address; City; State; Zip Code
\$55.00	585 Edgewood Drive
Expenditure from corporate funds	Montgomery, TX 77356
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Test Jot Form Check if travel outside of Texas. Complete Schedule T.
Di Libilone	Check if Austin, TX, officeholder living expense
	Refund of Test Jot Form
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/41 Rpt: 72/99	North Shore Republican Women 00054577
4 Date	5 Payee name
02/12/2025	Kate, Ann
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$40.00	585 Edgewood Drive
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Test of Jot Form - Refunded Funds
	Tool of oot 1 of 11 Telandou 1 dilde
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payeo namo
02/12/2025	Payee name Kata Ann
	Kate, Ann
Amount (\$)	Payee address; City; State; Zip Code
\$40.00	585 Edgewood Drive
Expenditure from	
corporate funds	Montgomery, TX 77356
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Refund Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Test of Jot Form - Refunded Funds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/17/2025	Kroger
Amount (\$)	Payee address; City; State; Zip Code
\$56.87	12605 I-45 North
Expenditure from corporate funds	Willis, TX 77318
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food for Willis Senior Bingo
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to c	/Wages/Contract Labor OTHER (enter a category not listed above) complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 15/41 Rpt: 73/99	North Shore Republican Women	00054577
4 Date	5 Payee name	
02/17/2025	Kroger	
6 Amount (\$) \$95.97	7 Payee address; City; State; Zip C 12605 I-45 North	code
Expenditure from corporate funds	Willis, TX 77318	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Willis Senior Bingo
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
02/17/2025	Kroger	
Amount (\$)	Payee address; City; State; Zip C	Code
\$9.87	12605 I-45 North	
Expenditure from corporate funds	Willis, TX 77318	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food for Senior Bingo in Willis
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
03/24/2025	Mailchimp	
Amount (\$)	Payee address; City; State; Zip C	Code
\$13.86	c/o The Rocket Science Group	
	975 Ponce de Leon Avenue NE, #5000	
Expenditure from corporate funds	Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Communications	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Media - Monthly Emails
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/41 Rpt: 74/99	North Shore Republican Women 00054577
4 Date	5 Payee name
04/03/2025	Mailchimp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.86	c/o The Rocket Science Group
Ψ13.50	975 Ponce de Leon Avenue NE, #5000
Expenditure from	
corporate funds	Atlanta, GA 30308
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Communications (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Communications Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Media - Monthly emails
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/09/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$13.86	c/o The Rocket Science Group
	975 Ponce de Leon Avenue NE, #5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Communications Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Media - Monthly Emails
Operation ONE Wife discont	One did to 10ff on helder many and the control of t
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/23/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$13.86	c/o The Rocket Science Group
+ 25.50	975 Ponce de Leon Avenue NE, #5000
Expenditure from corporate funds	Atlanta, GA 30308
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Communications (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Media - Monthly Emails
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/Of	1
	Name of the state

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	s)
Sch: 17/41 Rpt: 75/99	North Shore Republican Women 00054577	
4 Date	5 Payee name	
04/15/2025	Marc Fowler CPA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$750.00	414 West Philips Street	
— Forest diture from	Suite 100	
Expenditure from corporate funds	Conroe, TX 77301	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	CPA Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Preparation of 2024 U.S. Form 990-EZ	
	Tropalation of 202 Foliation 600 22	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Dete	Γ	
Date	Payee name	
02/27/2025	McMahon, Jamice	
Amount (\$)	Payee address; City; State; Zip Code	
\$30.00	7052 Edgewater Drive	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Refund for double payment	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Refunded membership fee due to being charged twice	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
01/27/2025	Melancon, Alice	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	17039 Shy Leaf Court	
Expenditure from corporate funds	Conroe, TX 77385	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Honorarium Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Honorarium for Alice Melancon, Deputy Director	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

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 Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	OTTIER (effici à category flot listed at	love)
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commiss	ion Filers)
Sch: 18/41 Rpt: 76/99	North Shore Republican Women		00054577	,
4 Date	5 Payee name			
03/24/2025	Momentum Printing & Graphics			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$1,135.54	15018 Mintz Lane			
Expenditure from corporate funds	Houston, TX 77014			
8 PURPOSE OF	,	(b) Description		
EXPENDITURE	Printing Expense	=	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		ш	opies of the 2025 Membership [Directory
		=		2 00.0
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/Ol		giit	Office field	
Date	Payee name			
05/09/2025	Montgomery County Printers			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$120.00	310 N. Danville			
— Forest diture from	Ste. D			
Expenditure from corporate funds	Willis, TX 77378			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if trav	vel outside of Texas. Complete Schedule T.	
EXPENDITORL		ш	stin, TX, officeholder living expense	
		Printing of I Fundraiser	Brochures for upcoming Gold To	ournament
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
Date	Payee name			
06/25/2025	Montgomery County Printers			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$855.18	310 N. Danville			
	Ste. D			
Expenditure from corporate funds	Willis, TX 77378			
PURPOSE		(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Printing		vel outside of Texas. Complete Schedule T.	
EXPENDITURE	1 mung	Check if Aus	stin, TX, officeholder living expense	
			s for Fundraiser in recognition o	f 25th
		Anniversar	y of Club	
Complete ONLY if direct	Candidate/Officeholder name Office sout	ght	Office held	
expenditure to benefit C/O	Н			

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 Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	nplete this form.	OTTLA (effect a category flot listed a	above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commis	ssion Filers)
Sch: 19/41 Rpt: 77/99	North Shore Republican Women		00054577	,
4 Date	5 Payee name		•	
04/15/2025	NFRW			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$75.00	124 N. Alfred St.			
Expenditure from corporate funds	Alexandria, VA 22314			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Donations		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense	
		ш	ations to TFRW - Marion Mart	in
			625, Kathy Brugger Res Fund	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sour	ght	Office held	
Data				
Date	Payee name			
03/24/2025	Office Depot			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$51.94	1319 W. Davis St.			
Expenditure from corporate funds	Conroe, TX 77304			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Supplies	<u> </u>	el outside of Texas. Complete Schedule T.	
		ш	iin, TX, officeholder living expense 100 6" x9" Manila Clasp Envel	ones for
			ership Directory	opes 101
Complete ONLY if direct	Candidate/Officeholder name Office sour	nht .	Office held	
expenditure to benefit C/OI		ynt.	Office field	
Date	Payee name			
04/03/2025	Office Depot			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$27.03	1319 W. Davis St.			
Expenditure from corporate funds	Conroe, TX 77304			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Supplies		el outside of Texas. Complete Schedule T.	
		ш	tin, TX, officeholder living expense Multi Use Printer and Copier	Danor
		5 Realits of	Mail Ose i finter and Copier	αρει
Complete ONLY if direct	Candidate/Officeholder name Office sour	aht	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•	yııı	Office field	
•				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/41 Rpt: 78/99	North Shore Republican Women 00054577
4 Date	5 Payee name
06/26/2025	Public Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,296.00	22394 W. FM1097
Expenditure from corporate funds	Montgomery, TX 77356
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Storage Unit Rental Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense 6 Months Rental for Storage Unit
	o Montais Rental for Storage Offic
O Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/07/2025	Republican Market
Amount (\$)	Payee address; City; State; Zip Code
\$451.00	22 Eleven Oaks Circle
Expenditure from corporate funds	Eustis, FL 32726
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Merchandise for Gift Table Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Ordered Merchandise for Gift Table Headbands, Bracelets, Earrings, cuff links
	Bracelets, Earlings, cult links
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/O	<u>'</u>
Date	Payee name
02/04/2025	Russell, Randolph
Amount (\$)	Payee address; City; State; Zip Code
\$400.00	131 Bluff Drive
Expenditure from corporate funds	Brunswick, GA 31523
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Speaker Honorarium for Monthly Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide expl		Wages	/Contract Labor		OTHER (enter a	a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
Sch: 21/41 Rpt: 79/99		e Republican Women					00054577	
4 Date	5 Payee name							
02/17/2025	Sam's Club							
6 Amount (\$)	7 Payee addre	ss; City; S	State; Zip Co	ode				
\$106.16	2000 West	riew Boulevard						
Expenditure from								
corporate funds	Conroe, TX	77304-3561						
8 PURPOSE OF	(a) Category (S	ee Categories listed at the top of th	his schedule)	(b)	Description			
EXPENDITURE	Event Expe	nse			_		ide of Texas. Con , officeholder livin	nplete Schedule T.
					Food for Willis			
9 Complete ONLY if direct		ceholder name	Office sou	<u>I</u> ught			Office h	eld
expenditure to benefit C/OI	H							
Date	Payee name							
01/06/2025	Square Up,	Inc.						
Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode				
\$3.07	1455 Marke	et St.						
	Suite 600							
Expenditure from corporate funds	San Francis	sco, CA 94103						
PURPOSE	(a) a			(h)	Description			
OF	Fees	ee Categories listed at the top of the	nis schedule)	(~)		outsi	ide of Texas. Con	nplete Schedule T.
EXPENDITURE	1 003				Check if Austin,	, TX,	, officeholder livin	g expense
					Fees to take	cre	dit card pay	rments
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ceholder name	Office sou	ught			Office h	eld
experioration benefit C/Or	7							
Date	Payee name			_		_		
01/08/2025	Square Up,	Inc.						
Amount (\$)	Payee addre	ss; City; S	State; Zip Co	ode				
\$7.67	1455 Marke	et St.						
- Forest diture Cons	Suite 600							
Expenditure from corporate funds	San Francis	sco, CA 94103						
PURPOSE	(a) Category (S	ee Categories listed at the top of the	his schedule)	(b)	Description			
OF EXPENDITURE	Fees		•					nplete Schedule T.
LA LABITORL					_		, officeholder livin	
					Fees to take	cre	uit card pay	ments
Complete <u>ONLY</u> if direct	Candidata/Off	ceholder name	Office sou	labt			Office h	ald
expenditure to benefit C/OI		centituei name	Onice SOL	agrit			Onice II	Ciu
	 	<u> </u>						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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: 22/41 Rpt: 80/99	North Shore Republican Women	00054577
4	Date	Payee name	
	01/13/2025	Square Up, Inc.	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.93	1455 Market St.	
	- Evnanditura from	Suite 600	
L	Expenditure from corporate funds	San Francisco, CA 94103	
8	PURPOSE OF EXPENDITURE	Check if Austin	outside of Texas. Complete Schedule T. , TX, officeholder living expense credit card payments
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/22/2025	Square Up, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$0.88	1455 Market St.	
_	T Expenditure from	Suite 600	
L	corporate funds	San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			credit card payments
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/23/2025	Square Up, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.46	1455 Market St.	
_	Expenditure from	Suite 600	
L	corporate funds	San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
	EXPENDITURE	1 003	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			credit card payments
			· -
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought	Office held

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 Legal Services 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 23/41 Rpt: 81/99	2 FILER NAME3 Filer ID(Ethics Commission Filers)North Shore Republican Women00054577	
4 Date 02/06/2025	5 Payee name Square Up, Inc.	
6 Amount (\$) \$18.83 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 (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	
Complete ONLY if direct expenditure to benefit C/OI	Fees to take credit card payments Candidate/Officeholder name Office sought Office held	
'		
Date 02/13/2025	Payee name Square Up, Inc.	
Amount (\$) \$18.60 Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit card payments	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date 02/12/2025	Payee name Square Up, Inc.	
Amount (\$) \$3.80 Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
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 Fees to take credit card payments	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense E
Accounting/Banking F
Consulting Expense F
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Frinting Expense Legal Services Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
, -	2 FILER NAME	3 Filer ID (Ethics Commission	Filers)
Sch: 24/41 Rpt: 82/99	North Shore Republican Women	00054577	
4 Date	5 Payee name		
02/16/2025	Square Up, Inc.		
6 Amount (\$) \$11.38 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip City; 1455 Market St. Suite 600 San Francisco, CA 94103 (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	
		Fees to take credit card payments	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office soil	ught Office held	
Date	Payee name		
02/17/2025	Square Up, Inc.		
Amount (\$) \$2.52 Expenditure from corporate funds	Payee address; City; State; Zip C 1455 Market St. Suite 600 San Francisco, CA 94103	ode	
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 Fees to take credit card payments	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soil	ught Office held	
Date	Payee name		
02/14/2025	Square Up, Inc.		
Amount (\$) \$8.03 Expenditure from corporate funds	Payee address; City; State; Zip Co 1455 Market St. Suite 600 San Francisco, CA 94103	ode	
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 Fees to take credit card payments	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sor	ught Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 25/41 Rpt: 83/99	North Shore Republican Women 00054577
4 Date	5 Payee name
02/17/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.91	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/19/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.22	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fees to take credit card payments
One make the ONE Wife diagram	One districts (Office healths are seen
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/20/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$6.28	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F4:	<u>_</u>
1 Total pages Schedule F1: Sch: 26/41 Rpt: 84/99	2 FILER NAME North Shore Republican Women 3 Filer ID (Ethics Commission Filers) 00054577
4 Date	5 Payee name
02/21/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.90	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/22/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.36	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
	Toos to take Grount card paymone
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/24/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.63	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

ng Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/W The Instruction Guide explains how to co	/ages/Contract Labor OTHER (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 27/41 Rpt: 85/99	North Shore Republican Women	00054577
4 Date	5 Payee name	
02/25/2025	Square Up, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.46	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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 Fees to take credit card payments
		rees to take creat early payments
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/02/2025	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.88	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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 Fees to take credit card payments
		rees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
03/04/2025	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.92	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	•	5

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/41 Rpt: 86/99	North Shore Republican Women 00054577
4 Date	5 Payee name
03/05/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.08	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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 Fees to take credit card payments
	r ees to take credit card payments
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/10/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code 1455 Market St.
\$0.88	
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
03/25/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.78	1455 Market St.
Expenditure from	Suite 600
corporate funds	San Francisco, CA 94103
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.
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Fees for taking credit cards
Commission Chill V III alia	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 29/41 Rpt: 87/99	North Shore Republican Women 00054577
4 Date	5 Payee name
03/27/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.46	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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 Fees to take credit card payments
	rees to take credit card payments
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/02/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$54.29	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/03/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.88	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/41 Rpt: 88/99	North Shore Republican Women 00054577
4 Date	5 Payee name
04/16/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$11.90	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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 Fees to take credit card payments
	r ces to take credit card payments
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
05/05/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$12.20	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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 Fees to take credit card payments
	r ces to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
05/06/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$52.70	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fees to take credit card payments
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
С. р. с. с.	·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/41 Rpt: 89/99	North Shore Republican Women 00054577
4 Date	5 Payee name
05/07/2025	Square Up, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6.38	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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 Fees to take credit card payments
	rees to take credit card payments
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/01/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$22.78	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
·	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1. Check if Austin, TX, officeholder living expense
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/04/2025	Square Up, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$14.80	1455 Market St.
	Suite 600
Expenditure from corporate funds	San Francisco, CA 94103
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
	Fees to take credit card payments
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Expense Salaries/W

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 F	Filer ID (Ethics Commission Filers)
Sch: 32/41 Rpt: 90/99		00054577
4 Date	5 Payee name	
06/12/2025	Square Up, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$29.30	1455 Market St.	
	Suite 600	
Expenditure from	San Francisco, CA 94103	
corporate funds		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1 000	e of Texas. Complete Schedule T. Ifficeholder living expense
	Fees to take cred	
	Toos to take orea	it data payments
O Commisto ONII V if divers	Condidate Office holder name	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
,		
Date	Payee name	
06/22/2025	Square Up, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.46	1455 Market St.	
	Suite 600	
Expenditure from corporate funds	San Francisco, CA 94103	
<u> </u>		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	o of Toyon, Complete Schodule T
EXPENDITURE	1 003	e of Texas. Complete Schedule T. Ifficeholder living expense
	Fees to take cred	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	
Data	T -	
Date	Payee name	
01/22/2025	St. Mary's Catholic Church	
Amount (\$)	Payee address; City; State; Zip Code	
\$50.00	8227 CR 205	
Expenditure from corporate funds	Plantersville, TX 77363	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		e of Texas. Complete Schedule T.
EXPENDITURE		officeholder living expense
	Memorial for Rob	ert Miller
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	DH	

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 33/41 Rpt: 91/99	North Shore Republican Women 00054577
4 Date	5 Payee name
01/14/2025	TFRW PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	13740 N. Hwy 183, Ste. J4
Expenditure from corporate funds	Austin, TX 78750
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	State Scholarship Fund Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	TFRW State Scholarship Fund
	The state of the s
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/14/2025	TFRW PAC
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	13740 N. Hwy 183, Ste. J4
,	, 11, 11
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Defray Meeting Costs Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Defray Meeting Costs TFRW
	Bellay Meeting Costs 11 1777
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davisa nama
01/27/2025	Payee name TFRW PAC
Amount (\$)	Payee address; City; State; Zip Code
\$1,300.00	13740 N. Hwy 183, Ste. J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Submission of Memberships
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Dues to TFRW for 52 Members
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		c)
		3)
Sch: 34/41 Rpt: 92/99	North Shore Republican Women 00054577	
4 Date	5 Payee name	
03/07/2025	TFRW PAC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,416.80	13740 N. Hwy 183, Ste. J4	
		
Expenditure from	A 4: TV 70770	
corporate funds	Austin, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Membership TFRW Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Submission #3 and 4 TFRW Fees	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	
04/03/2025	TERW PAC	
Amount (\$)	Payee address; City; State; Zip Code	
\$94.06	13740 N. Hwy 183, Ste. J4	
Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Registration Fee for TFRW Legislative Day in Au	stin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	Н	
Date	Davida nama	
	Payee name	
04/03/2025	TFRW PAC	
Amount (\$)	Payee address; City; State; Zip Code	
\$94.06	13740 N. Hwy 183, Ste. J4	
Forman 20 or Co		
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Registration Fee for TFRW Legislative Day in Au	stin
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	•	

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this	, , , , , , , , , , , , , , , , , , , ,	Jove)
1 Total pages Schedule F1:		•	3 Filer ID (Ethics Commiss	sion Filers)
Sch: 35/41 Rpt: 93/99	North Shore Republican Women		00054577	,
4 Date	5 Payee name			
04/03/2025	TFRW PAC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$94.06	13740 N. Hwy 183, Ste. J4			
Expenditure from corporate funds	Austin, TX 78750			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc		
EXPENDITURE	Event Expense		neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense	
			stration Fee for TFRW Legislative Day	v in Austin
		- 3		,
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/OI		J		
Date	Payee name			
04/03/2025	TFRW PAC			
Amount (\$)	Payee address; City; State; Zip Co	ıde.		
\$94.06	13740 N. Hwy 183, Ste. J4	ue		
Ψ34.00	13/40 N. Mwy 103, Ste. 34			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription	
OF EXPENDITURE	Event Expense		neck if travel outside of Texas. Complete Schedule T.	
			neck if Austin, TX, officeholder living expense stration Fee for TFRW Legislative Dav	, in Δustin
		1,09.	Stration 1 ce for 11 the Legislative Da.	y III / tuotiii
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/OI		grit	Office field	
Data				
Date 04/25/2025	Payee name TFRW PAC			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$94.06	13740 N. Hwy 183, Ste. J4			
Expenditure from corporate funds	Austin, TX 78750			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	ription	
OF EXPENDITURE	Event Expense		neck if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	·		neck if Austin, TX, officeholder living expense	
		Regi	stration Fee for TFRW Legislative Day	y in Austin
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
experientare to benefit Great				

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 36/41 Rpt: 94/99	North Shore Republican Women 00054577
4 Date	5 Payee name
04/30/2025	TFRW PAC
6 Amount (\$) \$94.06	7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4
ψ94.00	13740 N. Hwy 103, Ste. 34
Expenditure from corporate funds	Austin, TX 78750
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
	Registration Fee for TFRW Legislative Day in Austin
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/04/2025	TFRW PAC
Amount (\$)	Payee address; City; State; Zip Code
\$303.60	13740 N. Hwy 183, Ste. J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Membership Submission Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Payment for Membership Submission #5
	Fayment for Membership Submission #3
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/10/2025	TFRW PAC
Amount (\$)	Payee address; City; State; Zip Code
\$151.80	13740 N. Hwy 183, Ste. J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Submission Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Payment for Membership Submission #6
	t aymont is: membersing dustines.on #0
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

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 Legal Services 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)

Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 37/41 Rpt: 95/99	North Shore Republican Women	00054577
4 Date	5 Payee name	·
04/15/2025	TFRW PAC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$94.06	13740 N. Hwy 183, Ste. J4	
Expenditure from		
corporate funds	Austin, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin
		Registration Fee for Trixw Legislative Day in Austin
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		
Date	Payee name	
04/24/2025	Target	
Amount (\$)	Payee address; City; State; Zip Code	
\$205.59	503 I45 North	
72000	000 / 10 / 1014	
Expenditure from corporate funds	Conroe, TX 77304	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
EXPENDITURE	Donation	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Donation baby clothes Pregnancy Centers
		, ,
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/07/2025	The Mail Stop	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.00	20821-D Eva Street	
Expenditure from corporate funds	Montgomery, TX 77356	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Notary Charge	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Notarized paperwork for changing signatures on bank account.
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9	Office field

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries The Instruction Guide explains how to describe the services of the committee of the services of the serv	/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: 38/41 Rpt: 96/99	North Shore Republican Women		00054577
4 Date	5 Payee name		
02/18/2025	The Mail Stop		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$11.00	20821-D Eva Street		
Expenditure from corporate funds	Montgomery, TX 77356		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Papers Notarized	I <u>—</u>	outside of Texas. Complete Schedule T.
		1 —	n, TX, officeholder living expense
		Notarized Mi	nutes for Bank changes
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ought	Office held
Date	Payee name		
04/15/2025	Tru by Hilton Austin Airport		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$30.94	7900 East Ben White Blvd.		
φοσίο 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Expenditure from corporate funds	Austin, TX 78741		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Event Expense	1 	outside of Texas. Complete Schedule T.
EXI ENDITORE		ı —	n, TX, officeholder living expense
		Hotel Expens	se for TFRW Legislative Day
Complete ONLY if direct	Candidate/Officeholder name Office so	pught	Office held
expenditure to benefit C/O	H		
Date	Payee name		
02/07/2025	Unique Embroidery		
Amount (\$)	Payee address; City; State; Zip C	:ode	
\$520.64	10648 FM 1097	7040	
Ψ020.04			
Expenditure from	Suite C		
corporate funds	Willis, TX 77318		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Embroidery Shirts	· -	outside of Texas. Complete Schedule T.
LAFLINDITORL		I <u>—</u>	n, TX, officeholder living expense
		Embroidery I	Emblem on 12 Large Shirts for Members
Complete ONII V St 15	Condidate/Officehalder regree		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	nugiit	Office held
<u> </u>			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

t/Reimbursement
(Rental Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 39/41 Rpt: 97/99	North Shore Republican Women 00054577			
4 Date	5 Payee name			
01/17/2025	United States Postal Service			
6 Amount (\$) \$9.68 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 20821 Eva Street Suite H Montgomery, TX 77356-9998			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Postage Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense Certified Mail Comptroller of Public Accounts			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/17/2025	United States Postal Service			
Amount (\$) \$9.68	Payee address; City; State; Zip Code 20821 Eva Street Suite H			
Expenditure from corporate funds	Montgomery, TX 77356-9998			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Certified Mail to Comptroller of Public Accounts			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
02/14/2025	United States Postal Service			
Amount (\$) \$156.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 20821 Eva Street Suite H Montgomery, TX 77356-9998			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post Office Box Service Fee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Post Office Box Service Fee			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:			
Sch: 40/41 Rpt: 98/99	North Shore Republican Women 00054577		
	·		
4 Date	5 Payee name		
04/24/2025	WalMart		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$216.48	1407 North Loop 336 West		
Expenditure from corporate funds	Conroe, TX 77304		
8 PURPOSE	1		
OF OF	(a) Category (See Categories listed at the top of this schedule) Donation (b) Description Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Purchased various sizes of baby clothing, bottles,		
	sippy cups, toilet training items		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Dato	Davies same		
Date	Payee name Walareans Montgomen		
03/24/2025	Walgreens Montgomery		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.88	18900 Highway 105 W		
Evnenditure from			
Expenditure from corporate funds	Montgomery, TX 77356		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Photo Develop		
LA LADITORL	Check if Austin, TX, officeholder living expense		
	Photo for Historian		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
CAPCHARTALE TO DETICAL C/OI	•		
Date	Payee name		
03/24/2025	Walgreens Willis		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.21	9610 FM 1097 West		
•			
Expenditure from corporate funds	Willis, TX 77318		
-			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taxas Complete Schedule T		
EXPENDITURE	Plaques Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Plaques for Judge Echo Hudson's Program		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	OTTER (enter a category not isseed above)		
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
Sch: 41/41 Rpt: 99/99	North Shore Republican Women	00054577		
4 Date	5 Payee name	5 Payee name		
02/04/2025	Withrow, Gwen			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$20.00	54 Brookgreen Circle North			
— Forestitus from				
Expenditure from corporate funds	Montgomery, TX 77356			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Titelana	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense		
	I — I —	er Associate Membership fee and gave		
	her an hono	rary one as SREC SD4 Chairman		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
02/13/2025	Woodforest National Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	20821-A Eva Street			
Expenditure from corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	1 1 003	I outside of Texas. Complete Schedule T.		
	,	n, TX, officeholder living expense Debit Card Setup		
	7.6111 66 161	Debit Gard Getap		
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH				
Date	Payee name			
02/13/2025	Woodforest National Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.00	20821-A Eva Street			
Expenditure from				
corporate funds	Montgomery, TX 77356			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	1 CC3	I outside of Texas. Complete Schedule T.		
		n, TX, officeholder living expense Debit Card Setup		
	Actification	Debit Gard Setup		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought	Office held		
expenditure to benefit C/OH				