

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

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|--|--|--|---|--------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00054577 | 2 Total pages filed: 99 | |
| 3 COMMITTEE NAME North Shore Republican Women | | | OFFICE USE ONLY | |
| | | | Date Received ELECTRONICALLY FILED 07/15/2025 | |
| | | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # | Amount |
| | | | Date Processed | |
| | | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1993 Montgomery, TX 77356 | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Chris NICKNAME LAST SUFFIX Gurley | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 49 Fairfield Drive Montgomery, TX 77356 | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 49 Fairfield Drive Montgomery, TX 77356 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 597-4409 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | | |
| 10 PERIOD COVERED | Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year 05/03/2025 | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Joint Election | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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| 12 COMMITTEE NAME North Shore Republican Women | 13 Filer ID (Ethics Commission Filers) 00054577 |
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|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

| | | |
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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 22,505.01 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 15,339.84 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 63,124.55 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Chris Gurley

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 99

| | | |
|--|---|---|
| 17 COMMITTEE NAME North Shore Republican Women | | 18 Filer ID (Ethics Commission Filers) 00054577 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 20,707.60 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,797.41 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 15,339.84 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/49 Rpt: 4/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Anna 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Hairdresser | | 9 Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Anna Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$520.00 |
| Principal occupation / Job title (See Instructions) Hairdresser | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Cathy Contributor address; City; State; Zip Code Sugarland, TX 77479 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Speech Language Pathologist | | Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Denise (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, LuAnn Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/49 Rpt: 5/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barcello, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartell, Dotty <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bays, Kristin (Ms.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) Montgomery County |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernosky, Debra <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilby, Lois <hr/> Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction 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 Filers) 00054577 |
| 4 Date 02/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, Cheryl (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304 | 7 Amount of Contribution (\$) \$33.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolt, Cheryl (Ms.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton, Irma (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowe, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brasic, Bonnie <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/49 Rpt: 7/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brasic, Bonnie 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Beverly (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356-8271 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jayne (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356-8271 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buick, Stacey (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$35.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/49 Rpt: 8/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burg, Shirley (Ms.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/04/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Melanie (Ms.) Contributor address; City; State; Zip Code Conroe, TX 77384 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Montgomery Cty. Treasurer | | Employer (See Instructions) |
| Date 02/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Stacey Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$90.00 |
| Principal occupation / Job title (See Instructions) Director, NRG Energy | | Employer (See Instructions) NRG Entergy |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Stacey Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Director, NRG Energy | | Employer (See Instructions) NRG Entergy |
| Date 02/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Elizabeth Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/49 Rpt: 9/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Heather (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77378 | 7 Amount of Contribution (\$) \$110.00 |
| 8 Principal occupation / Job title (See Instructions) District Attorney Investigator | | 9 Employer (See Instructions) Montgomery County, Texas |
| Date 06/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Philip (Mr.) <hr/> Contributor address; City; State; Zip Code Willis, TX 77378 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Constable, PCT 1 | | Employer (See Instructions) Montgomery County, Texas |
| Date 02/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chambers, Kent <hr/> Contributor address; City; State; Zip Code Willis, TX 77378 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chitty, Jan <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Alicia <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Recruiter | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/49 Rpt: 10/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Roberta 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clay, Iris Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clendenin, Kim Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clendenin, Kim Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, Karen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/49 Rpt: 11/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/11/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Steven 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Tammy Contributor address; City; State; Zip Code Spring, TX 77384 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Dental Management Coach | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Tammy Contributor address; City; State; Zip Code Spring, TX 77384 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Dental Management Coach | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collins, Stephanie (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jean-Ann Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/49 Rpt: 12/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, Betsy <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curry, Dianne <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy-Pawlak, Karen (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8423 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy-Pawlak, Karen (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8423 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Anne L. (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Sales Consultant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|---|--|
| The Instruction 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 Filers) 00054577 |
| 4 Date 01/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Katherine <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Katherine <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 06/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Stephanie <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Linda <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dycus, Carrie (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 11/49 Rpt: 14/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddleman, Barbara <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddleman, Barbara <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eighmy, Penny <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esnard, Vanessa <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Global Director of Sales | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faubel, Julie (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 12/49 Rpt: 15/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce 6 Contributor address; City; State; Zip Code Conroe, TX 77304 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$189.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$44.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 13/49 Rpt: 16/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Joyce 6 Contributor address; City; State; Zip Code Conroe, TX 77304 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finke, Shirley Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleck, Sandra Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Heidi (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Suzanne Contributor address; City; State; Zip Code Mongomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 14/49 Rpt: 17/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehring, Pattie <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$65.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentz, Deborah (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77316 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Tracy (Judge) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) 418th District Court Judge | | Employer (See Instructions) State of Texas |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Carol (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotsch, Lesta (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$85.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 15/49 Rpt: 18/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Linda (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, B.D. Contributor address; City; State; Zip Code Montgomery, TX 77316-1517 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) County Attorney | | Employer (See Instructions) Montgomery County |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Angie (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guyton, Cynthia Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Stylist | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 16/49 Rpt: 19/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 05/27/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hafley, John <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77302 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hagan, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halaska, Kathy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankla, Brenna <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$90.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Mail Services Store |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Becky <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 17/49 Rpt: 20/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Sam 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Julie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Julie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) RN | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatchley, Charlotte (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havard, Ashlee Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Telecommunications | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 18/49 Rpt: 21/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/24/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heathcott, Charlotte (Mrs.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herring, Debbie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Real Estate | | Employer (See Instructions) Self Employed |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hlopak, Dorothy (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holbert, Eileen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Jeanne (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 19/49 Rpt: 22/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Echo <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77304 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) |
| Date 06/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Echo <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) |
| Date 02/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Margaret <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurlik, Lillie <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) R.E. Inventor | | Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hynes, Brenda <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 20/49 Rpt: 23/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 05/08/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jepsen, Susan <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Suzie <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 21/49 Rpt: 24/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/13/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Ann (Mrs.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kate, Ann (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kilpatrick, Paula Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberling, Jill Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kribbs, Jan Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 22/49 Rpt: 25/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuper, Nancy 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-8334 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuper, Nancy Contributor address; City; State; Zip Code Montgomery, TX 77356-8334 | Amount of Contribution (\$) \$32.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamonte, Lucy Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasseter, Sharon Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemons, Linda Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 23/49 Rpt: 26/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemons, Linda 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lenhart, Jodi Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ligon, Brett (Mr.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) District Attorney | | Employer (See Instructions) Montgomery County |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Michelle (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Livermore, Lisa Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 24/49 Rpt: 27/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohman, Paige <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$65.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lohman, Paige <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lookabaugh, Jacqueline (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Judith (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Judy (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$18.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 25/49 Rpt: 28/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Low, Martha (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$55.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Wayne (Judge) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77305 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Justice of the Peace | | Employer (See Instructions) Montgomery County |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddox, Linda <hr/> Contributor address; City; State; Zip Code Spring, TX 77386 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maddox, Lori (Ms.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Pearl (Ms.) <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77384 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 26/49 Rpt: 29/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire, Marianna <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77386 | 7 Amount of Contribution (\$) \$58.00 |
| 8 Principal occupation / Job title (See Instructions) Homemaker | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8466 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8466 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8466 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Joan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8466 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 27/49 Rpt: 30/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Kristen 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Sheryll (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maser, Shirley (Mrs.) Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormack, Nicole Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Sales Consultant | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Roxann Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 28/49 Rpt: 31/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuinn, Karen <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$55.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuinn, Karen <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuinn, Karen <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Creative Memories Consultant | | Employer (See Instructions) |
| Date 02/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Jamice (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 29/49 Rpt: 32/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/20/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, Jamice (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Tammy (Mrs.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77385 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Tax Assessor | | Employer (See Instructions) Montgomery County, Texas |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelow, Christy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Professional Coach | | Employer (See Instructions) |
| Date 03/26/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Mary Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Megan (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 30/49 Rpt: 33/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Will (Rep.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Tx. State Representative House Dist. 16 | | 9 Employer (See Instructions) Texas |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metcalf, Will (Rep.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Tx. State Representative House Dist. 16 | | Employer (See Instructions) Texas |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michalk, Lisa (Judge) Contributor address; City; State; Zip Code The Woodlands, TX 77382 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) 221st District Court Judge | | Employer (See Instructions) State of Texas |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jennifer Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$90.00 |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) |
| Date 01/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melisa (Ms.) Contributor address; City; State; Zip Code Cleveland, TX 77328-6305 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) District Clerk | | Employer (See Instructions) Montgomery County |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 31/49 Rpt: 34/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 06/26/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Melisa (Ms.) 6 Contributor address; City; State; Zip Code Cleveland, TX 77328-6305 | 7 Amount of Contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) District Clerk | | 9 Employer (See Instructions) Montgomery County |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Linda Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monahan, Eula Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monahan, Eula Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monahan, Eula Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 32/49 Rpt: 35/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montegut, Toni <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Betsy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$70.00 |
| Principal occupation / Job title (See Instructions) Author | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$12.00 |
| Principal occupation / Job title (See Instructions) Author | | Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$113.00 |
| Principal occupation / Job title (See Instructions) Author | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 33/49 Rpt: 36/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$14.00 |
| 8 Principal occupation / Job title (See Instructions) Author | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Virginia Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Author | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naughton, Joanne (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neidner, Sharon Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) North, Leslie Gail Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Substitute Teacher | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 34/49 Rpt: 37/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/21/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Donnell, Meg <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$55.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Sharon (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$17.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Sharon (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 05/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Sharon (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$257.25 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Offutt, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 35/49 Rpt: 38/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelka, Katherine <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/24/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pleasants, Gloria <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Retired Pharmacist | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prange, Phyllis <hr/> Contributor address; City; State; Zip Code Mongtomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Printz, Gail <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$85.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Repal, Georgana <hr/> Contributor address; City; State; Zip Code Houston, TX 77018-1311 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 36/49 Rpt: 39/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riedlinger, Claudia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356-8423 | 7 Amount of Contribution (\$) \$22.00 |
| 8 Principal occupation / Job title (See Instructions) Retired Nurse Practitioner | | 9 Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riedlinger, Claudia (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356-8423 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Jacqueline <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Karli <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) SVP | | Employer (See Instructions) Oryx Communications |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robin, Jennifer (Judge) <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) 410th District Court Judge | | Employer (See Instructions) State of Texas |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 37/49 Rpt: 40/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Julie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Teresa <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Donna <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 06/13/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santini, Vince <hr/> Contributor address; City; State; Zip Code Conroe, TX 77384 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scannell, Suzanne (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 38/49 Rpt: 41/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schrader, Cori <hr/> 6 Contributor address; City; State; Zip Code Round Rock, TX 78665 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Executive Assistant | | 9 Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebek, Barbara <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebek, Barbara <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Antonia (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellers, Antonia (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 39/49 Rpt: 42/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibley, Sunday <hr/> 6 Contributor address; City; State; Zip Code Willis, TX 77318 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Activist | | 9 Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shibley, Sunday <hr/> Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Activist | | Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumaker, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simms, Rick <hr/> Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skinner, Sheri <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 40/49 Rpt: 43/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/06/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrea 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$15.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrea Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$85.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrea Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrea Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$154.35 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Andrea Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 41/49 Rpt: 44/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Angela 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Beverly (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Beverly (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) Realtor | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$14.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Karen (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$55.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 42/49 Rpt: 45/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Martin <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$20.00 |
| 8 Principal occupation / Job title (See Instructions) Real Estate Broker | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) South, Ann (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spain, Missy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 04/03/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Genette <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Licensed Professional Counslor | | Employer (See Instructions) |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanton, Genette <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Licensed Professional Counslor | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 43/49 Rpt: 46/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 05/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Philip 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$1,029.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Jan (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinsman, Sally (Mrs.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tompkins, Dianne (Ms.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$65.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toth, Pat Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 44/49 Rpt: 47/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Amy 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$90.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) |
| Date 04/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Amy Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$400.00 |
| Principal occupation / Job title (See Instructions) Judge | | Employer (See Instructions) |
| Date 05/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Katy Contributor address; City; State; Zip Code Montgomery, TX 77358 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/20/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Scharlene Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Judge County Court at Law #6 | | Employer (See Instructions) |
| Date 05/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Scharlene Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Judge County Court at Law #6 | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 45/49 Rpt: 48/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/14/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Pelt, Cissie <hr/> 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vrij, Theresa <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Housewife | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vrij, Theresa <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Housewife | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77077 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Janet (Mrs.) <hr/> Contributor address; City; State; Zip Code Willis, TX 77378 | Amount of Contribution (\$) \$80.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction 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 Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Karen (Mrs.) 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Linda (Dr.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Linda (Dr.) Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 06/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walls, Tracie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$775.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warnsman, Virginia Contributor address; City; State; Zip Code Willis, TX 77318 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 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 Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Debbie 6 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Registered Nurse | | 9 Employer (See Instructions) |
| Date 03/07/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Way, Melinda Contributor address; City; State; Zip Code Montgomery, TX 77356-5130 | Amount of Contribution (\$) \$60.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/12/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherford, Bonnie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherford, Bonnie Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Ronnie Contributor address; City; State; Zip Code Conroe, TX 77302 | Amount of Contribution (\$) \$46.00 |
| Principal occupation / Job title (See Instructions) Beekeeper | | Employer (See Instructions) Whitman Farm |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction 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 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Conroe, TX 77385 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Jane <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 02/21/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Merry (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78734 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 05/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Howard <hr/> Contributor address; City; State; Zip Code Conroe, TX 77304 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) City Councilman | | Employer (See Instructions) City of Conroe |
| Date 01/14/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodruff, Cozette <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 49/49 Rpt: 52/99 |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay <hr/> 6 Contributor address; City; State; Zip Code Contoe, TX 77302 | 7 Amount of Contribution (\$) \$35.00 |
| 8 Principal occupation / Job title (See Instructions) Justice Place #2 9th Ct of Appeals | | 9 Employer (See Instructions) State of Texas |
| Date 05/08/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay <hr/> Contributor address; City; State; Zip Code Contoe, TX 77302 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Justice Place #2 9th Ct of Appeals | | Employer (See Instructions) State of Texas |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Christine <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Jewelry Appraiser | | Employer (See Instructions) |
| Date 01/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Annette (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired Artist |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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|---|---|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A2: Sch: 1/6 Rpt: 53/99 | |
| 2 FILER NAME North Shore Republican Women | | | | 3 Filer ID (Ethics Commission Filers) 00054577 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ | |
| 5 Date 01/08/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billingsley, Leigh <hr/> 7 Contributor address; City; State; Zip Code Montgomery, TX 77356 | | 8 Amount of contribution (\$) \$35.00 | 9 In-kind contribution description Christmas Ornaments and Star Ornament Decorations to be used at Annual Fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | | 15 Law firm of contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Billingsley, Leigh <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | | Amount of contribution (\$) \$35.41 | In-kind contribution description Easter Decorations to be used at Annual Fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowe, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | | Amount of contribution (\$) \$70.00 | In-kind contribution description Gorham Doll, Socks, Napkins to be used at Fundraiser <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | | |
|---|--|--|---|--|--|
| 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 CONTRIBUTIONS | | | | \$ | |
| 5 Date 03/19/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darcy-Pawlak, Karen (Mrs.) <hr/> 7 Contributor address; City; State; Zip Code Montgomery, TX 77356-8423 | | 8 Amount of contribution (\$) \$35.00 | 9 In-kind contribution description Easter Decorations to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | | 15 Law firm of contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | | Amount of contribution (\$) \$50.00 | In-kind contribution description Fall Decorations, Pillow, Pumpkin, to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | | Amount of contribution (\$) \$25.00 | In-kind contribution description Christmas and Valentine Decorations to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | | |
|--|---|--|---|--|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A2: Sch: 3/6 Rpt: 55/99 | |
| 2 FILER NAME North Shore Republican Women | | | | 3 Filer ID (Ethics Commission Filers) 00054577 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ | |
| 5 Date 05/07/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Deborah | | 8 Amount of contribution (\$) \$55.00 | | 9 In-kind contribution description 2 Outdoor Thermometers, 1 Easter Basket, 1 Memo Pad to be used at Fundraiser |
| 7 Contributor address; City; State; Zip Code Montgomery, TX 77356 | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 01/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.) | | Amount of contribution (\$) \$35.00 | | In-kind contribution description 3' Christmas Tree to be used at Annual Fundraiser |
| Contributor address; City; State; Zip Code Montgomery, TX 77356 | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Creative Memories Consultant | | | 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 contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 01/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.) | | Amount of contribution (\$) \$100.00 | | In-kind contribution description 5 Patriotic Ornaments to be used at Annual Fundraiser |
| Contributor address; City; State; Zip Code Montgomery, TX 77356 | | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Creative Memories Consultant | | | 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 contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 4/6 Rpt: 56/99 | |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 04/02/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.) <hr/> 7 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 8 Amount of contribution (\$) \$32.00 | 9 In-kind contribution description Rabit Door Hanger to be used at Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Creative Memories Consultant | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 04/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKinnon, Gail (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of contribution (\$) \$20.00 | In-kind contribution description Patriotic Santa Platter to be used at Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Creative Memories Consultant | | 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelow, Christy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of contribution (\$) \$100.00 | In-kind contribution description Various Christmas Holiday Decorations to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professional Coach | | 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 5/6 Rpt: 57/99 | |
| 2 FILER NAME North Shore Republican Women | | 3 Filer ID (Ethics Commission Filers) 00054577 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 01/08/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelow, Christy <hr/> 7 Contributor address; City; State; Zip Code Montgomery, TX 77356 | 8 Amount of contribution (\$) \$10.00 | 9 In-kind contribution description 2 Valentine's Napkins to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professional Coach | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendelow, Christy <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of contribution (\$) \$10.00 | In-kind contribution description 1 Valentine Heart Bowl to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Professional Coach | | 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 04/02/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neil, Sharon (Mrs.) <hr/> Contributor address; City; State; Zip Code Montgomery, TX 77356 | Amount of contribution (\$) \$150.00 | In-kind contribution description Painting of Past Presidents to be used at Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | 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 contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | | |
|---|--|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A2: Sch: 6/6 Rpt: 58/99 | |
| 2 FILER NAME North Shore Republican Women | | | | 3 Filer ID (Ethics Commission Filers) 00054577 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ | |
| 5 Date 01/04/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Kay <hr/> 7 Contributor address; City; State; Zip Code Willis, TX 77318 | | 8 Amount of contribution (\$) \$50.00 | 9 In-kind contribution description Scented Handcare to be used at Annual Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 11 Employer (FOR NON-JUDICIAL) (See instructions) | | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | | 15 Law firm of contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Kay <hr/> Contributor address; City; State; Zip Code Willis, TX 77318 | | Amount of contribution (\$) \$850.00 | In-kind contribution description 2-Night Stay at McKay Cottage in Wimberly, Texas used for Fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor'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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Merry (Mrs.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78734 | | Amount of contribution (\$) \$135.00 | In-kind contribution description Montgomery County Map 1895 to be used at fundraiser <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | | 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 contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 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 06/03/2025 | 5 Payee name AT&T Hotel and Conference Center | |
| 6 Amount (\$) \$125.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1900 University Avenue Austin, TX 78705 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Hotel Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense for TFRW Legislative Day |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Amazon Marketplace | | |
| Amount (\$) \$197.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased Diaper Bag Backpacks for Pregnancy Center |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Amazon Marketplace | | |
| Amount (\$) \$243.10 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase Maternity Clothing for Pregnancy Centers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate/Officeholder name Office sought Office held | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 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 04/24/2025 | 5 Payee name Amazon Marketplace | |
| 6 Amount (\$) \$125.64 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchase Diaper Bag Backpacks for Pregnancy Centers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/25/2025 | Payee name Amazon Marketplace | |
| Amount (\$) \$36.78 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Merchandise | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stars for decorations for Upcoming Fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name Amazon.com | |
| Amount (\$) \$65.97 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 22300 Northwest Drive Spring, TX 77389 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift Table Merchandise | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 4/41 Rpt: 62/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/07/2025 | 5 Payee name Amazon.com | |
| 6 Amount (\$) \$32.46 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 22300 Northwest Drive Spring, TX 77389 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift Table Merchandise | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gift Table Merchandise--SPUDZ Ultra Patriotic Variety Pack |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/18/2025 | Payee name Assistance League of Montgomery County | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 126 N. San Jacinto Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation In Memory of a Members Spouse |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/18/2025 | Payee name Bentwater Yacht & Country Club | |
| Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for Speaker & Guest for Monthly Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/41 Rpt: 63/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/18/2025 | 5 Payee name Bentwater Yacht & Country Club | |
| 6 Amount (\$) \$269.83 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight stay and luncheon Speaker for Monthly Meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/15/2025 | Payee name Bentwater Yacht & Country Club | |
| Amount (\$) \$288.10 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch for 3 Speakers and Stage setup for Monthly Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/09/2025 | Payee name Bentwater Yacht & Country Club | |
| Amount (\$) \$210.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunches for Speaker and 6 guests for Monthly Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 6/41 Rpt: 64/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 06/03/2025 | 5 Payee name Bentwater Yacht & Country Club | |
| 6 Amount (\$) \$90.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 800 Bentwater Dr. Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker plus 2 guests Monthly Meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/14/2025 | Candidate/Officeholder name Braun's Engraving | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 810 West David Street Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametags | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags for Members |
| | Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/07/2025 | Candidate/Officeholder name Braun's Engraving | |
| Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 810 West David Street Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametags | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags for members |
| | Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 7/41 Rpt: 65/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/18/2025 | 5 Payee name Braun's Engraving | |
| 6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 810 West David Street Conroe, TX 77301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametag | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags for Members |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name Braun's Engraving | |
| Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 810 West David Street Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametag | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametag for Member |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/09/2025 | Candidate/Officeholder name Braun's Engraving | |
| Amount (\$) \$37.50 <input type="checkbox"/> Expenditure from corporate funds | Office sought 810 West David Street Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametags | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags for Gift Table |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 8/41 Rpt: 66/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 06/20/2025 | 5 Payee name Braun's Engraving | |
| 6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 810 West David Street Conroe, TX 77301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Nametags | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nametags for Members |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/09/2025 | Candidate/Officeholder name Comptroller of Public Accounts | |
| Amount (\$) \$416.52 <input type="checkbox"/> Expenditure from corporate funds | Office sought P.O. Box 149355 Austin, TX 78714 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Sales Taxes | (b) Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sales Taxes from Gift Table Sales |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/30/2025 | Candidate/Officeholder name Creative Memories | |
| Amount (\$) \$339.44 <input type="checkbox"/> Expenditure from corporate funds | Office sought 1100 Sterns Drive Sauk Rapids, MN 56379 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description |
| | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Historian |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 9/41 Rpt: 67/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/27/2025 | 5 Payee name Fauble, Julie | |
| 6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 3110 Golfcrest Drive Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Honorarium | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Honorarium District Director |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Fauble, Julie | |
| Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3110 Golfcrest Drive Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund Associate Membership. Associate Membership honorarium |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/14/2025 | Payee name Google Inc. | |
| Amount (\$) \$76.75 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace Email Addresses for Officers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 10/41 Rpt: 68/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/07/2025 | 5 Payee name Google Inc. | |
| 6 Amount (\$) \$69.72 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Google Inc. | | |
| Amount (\$) \$66.52 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Google Inc. | | |
| Amount (\$) \$66.52 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 11/41 Rpt: 69/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 05/09/2025 | 5 Payee name Google Inc. | |
| 6 Amount (\$) \$76.09 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/13/2025 | Payee name Google Inc. | |
| Amount (\$) \$53.73 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Google Workspace email for officers |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/17/2025 | Payee name Hobby Lobby | |
| Amount (\$) \$64.61 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1217 N. Loop 336 West Conroe, TX 77301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Supplies for Willis Senior Bingo |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 12/41 Rpt: 70/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/07/2025 | 5 Payee name Intuit QuickBooks | |
| 6 Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Monthly Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Quickbooks Online |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/07/2025 | Payee name Intuit QuickBooks | |
| Amount (\$) \$105.53 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Monthly Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Quickbooks Online |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/03/2025 | Payee name Intuit QuickBooks | |
| Amount (\$) \$28.28 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Monthly Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Quickbooks Online |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 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 06/27/2025 | 5 Payee name Intuit QuickBooks | |
| 6 Amount (\$) \$37.31 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2800 E. Commerce Center Place Tucson, AZ 85706 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Monthly Fee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Quickbooks Online |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2025 | Payee name Jay's Hope | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 902 Bentwater Drive Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial Donation in memory of member's spouse |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2025 | Payee name Kate, Ann | |
| Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 585 Edgewood Drive Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Test Jot Form | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund of Test Jot Form |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 14/41 Rpt: 72/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/12/2025 | 5 Payee name Kate, Ann | |
| 6 Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 585 Edgewood Drive Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test of Jot Form - Refunded Funds |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/12/2025 | Candidate/Officeholder name | Office sought |
| Payee name Kate, Ann | Office held | |
| Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 585 Edgewood Drive Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Test of Jot Form - Refunded Funds |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/17/2025 | Candidate/Officeholder name | Office sought |
| Payee name Kroger | Office held | |
| Amount (\$) \$56.87 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 12605 I-45 North Willis, TX 77318 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Willis Senior Bingo |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 15/41 Rpt: 73/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/17/2025 | 5 Payee name Kroger | |
| 6 Amount (\$) \$95.97 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 12605 I-45 North Willis, TX 77318 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Willis Senior Bingo |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$9.87 <input type="checkbox"/> Expenditure from corporate funds | Payee name Kroger Payee address; City; State; Zip Code 12605 I-45 North Willis, TX 77318 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Senior Bingo in Willis |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds | Payee name Mailchimp Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly Emails |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 16/41 Rpt: 74/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Payee name Mailchimp | |
| 6 Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly emails |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/09/2025 | Payee name Mailchimp | |
| Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly Emails |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/23/2025 | Payee name Mailchimp | |
| Amount (\$) \$13.86 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code c/o The Rocket Science Group 975 Ponce de Leon Avenue NE, #5000 Atlanta, GA 30308 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Communications | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Media - Monthly Emails |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 17/41 Rpt: 75/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/15/2025 | 5 Payee name Marc Fowler CPA | |
| 6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 414 West Philips Street Suite 100 Conroe, TX 77301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) CPA Services | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Preparation of 2024 U.S. Form 990-EZ |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/27/2025 | Payee name McMahon, Jamice | |
| Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7052 Edgewater Drive Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund for double payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded membership fee due to being charged twice |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/27/2025 | Payee name Melancon, Alice | |
| Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 17039 Shy Leaf Court Conroe, TX 77385 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Honorarium | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Honorarium for Alice Melancon, Deputy Director |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 18/41 Rpt: 76/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/24/2025 | 5 Payee name Momentum Printing & Graphics | |
| 6 Amount (\$) \$1,135.54 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 15018 Mintz Lane Houston, TX 77014 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Print 175 copies of the 2025 Membership Directory |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/09/2025 | Payee name Montgomery County Printers | |
| Amount (\$) \$120.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 310 N. Danville Ste. D Willis, TX 77378 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing of Brochures for upcoming Gold Tournament Fundraiser |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/25/2025 | Payee name Montgomery County Printers | |
| Amount (\$) \$855.18 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 310 N. Danville Ste. D Willis, TX 77378 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Golf Towels for Fundraiser in recognition of 25th Anniversary of Club |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 19/41 Rpt: 77/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/15/2025 | 5 Payee name NFRW | |
| 6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 124 N. Alfred St. Alexandria, VA 22314 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donations | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Donations to TFRW - Marion Martin Bldg.Fund \$25, Kathy Brugger Res Fund \$25, |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Office Depot | |
| Amount (\$) \$51.94 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1319 W. Davis St. Conroe, TX 77304 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2 Boxes of 100 6" x9" Manila Clasp Envelopes for 2025 Membership Directory |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2025 | Payee name Office Depot | |
| Amount (\$) \$27.03 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1319 W. Davis St. Conroe, TX 77304 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 5 Reams of Multi Use Printer and Copier Paper |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 20/41 Rpt: 78/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 06/26/2025 | 5 Payee name Public Storage | |
| 6 Amount (\$) \$1,296.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 22394 W. FM1097 Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Storage Unit Rental | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 6 Months Rental for Storage Unit |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name Republican Market | |
| Amount (\$) \$451.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 22 Eleven Oaks Circle Eustis, FL 32726 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Merchandise for Gift Table | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ordered Merchandise for Gift Table Headbands, Bracelets, Earrings, cuff links |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/04/2025 | Payee name Russell, Randolph | |
| Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 131 Bluff Drive Brunswick, GA 31523 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker Honorarium for Monthly Luncheon |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 21/41 Rpt: 79/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/17/2025 | 5 Payee name Sam's Club | |
| 6 Amount (\$) \$106.16 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2000 Westview Boulevard Conroe, TX 77304-3561 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for Willis Senior Bingo |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/06/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$3.07 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/08/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$7.67 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 22/41 Rpt: 80/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/13/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$14.93 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$0.88 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/23/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$1.46 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 23/41 Rpt: 81/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/06/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$18.83 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$18.60 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$3.80 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 24/41 Rpt: 82/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/16/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$11.38 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/17/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$2.52 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/14/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$8.03 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 25/41 Rpt: 83/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/17/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$2.91 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/19/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$3.22 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$6.28 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 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 02/21/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$1.90 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/22/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$3.36 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/24/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$2.63 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 27/41 Rpt: 85/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/25/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$1.46 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/02/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$0.88 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/04/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$2.92 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 28/41 Rpt: 86/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/05/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$12.08 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/10/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$0.88 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/25/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$2.78 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for taking credit cards |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 29/41 Rpt: 87/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/27/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$1.46 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/02/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$54.29 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/03/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$0.88 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 30/41 Rpt: 88/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/16/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$11.90 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/05/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$12.20 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/06/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$52.70 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 31/41 Rpt: 89/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 05/07/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$6.38 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/01/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$22.78 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/04/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$14.80 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 32/41 Rpt: 90/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 06/12/2025 | 5 Payee name Square Up, Inc. | |
| 6 Amount (\$) \$29.30 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/22/2025 | Payee name Square Up, Inc. | |
| Amount (\$) \$1.46 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees to take credit card payments |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/22/2025 | Payee name St. Mary's Catholic Church | |
| Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 8227 CR 205 Plantersville, TX 77363 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Memorial | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial for Robert Miller |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 33/41 Rpt: 91/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/14/2025 | 5 Payee name TFRW PAC | |
| 6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) State Scholarship Fund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TFRW State Scholarship Fund |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/14/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Defray Meeting Costs | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Defray Meeting Costs TFRW |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/27/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$1,300.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Submission of Memberships | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues to TFRW for 52 Members |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 34/41 Rpt: 92/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 03/07/2025 | 5 Payee name TFRW PAC | |
| 6 Amount (\$) \$1,416.80 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Membership TFRW | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission #3 and 4 TFRW Fees |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 35/41 Rpt: 93/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/03/2025 | 5 Payee name TFRW PAC | |
| 6 Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/03/2025 | Candidate/Officeholder name | Office sought |
| Payee name TFRW PAC | Office held | |
| Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/25/2025 | Candidate/Officeholder name | Office sought |
| Payee name TFRW PAC | Office held | |
| Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/25/2025 | Candidate/Officeholder name | Office sought |
| Payee name TFRW PAC | Office held | |
| Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: Sch: 36/41 Rpt: 94/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/30/2025 | 5 Payee name TFRW PAC | |
| 6 Amount (\$) \$94.06 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Registration Fee for TFRW Legislative Day in Austin |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/04/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$303.60 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Membership Submission | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Membership Submission #5 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/10/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW PAC | | |
| Amount (\$) \$151.80 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste. J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Member Submission | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for Membership Submission #6 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
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Candidate/Officeholder/Political Committee
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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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 38/41 Rpt: 96/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/18/2025 | 5 Payee name The Mail Stop | |
| 6 Amount (\$) \$11.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 20821-D Eva Street Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Papers Notarized | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notarized Minutes for Bank changes |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/15/2025 | Payee name Tru by Hilton Austin Airport | |
| Amount (\$) \$30.94 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7900 East Ben White Blvd. Austin, TX 78741 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel Expense for TFRW Legislative Day |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/07/2025 | Payee name Unique Embroidery | |
| Amount (\$) \$520.64 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 10648 FM 1097 Suite C Willis, TX 77318 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Embroidery Shirts | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Embroidery Emblem on 12 Large Shirts for Members |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense
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Candidate/Officeholder/Political Committee
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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)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 39/41 Rpt: 97/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 01/17/2025 | 5 Payee name United States Postal Service | |
| 6 Amount (\$) \$9.68 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 20821 Eva Street Suite H Montgomery, TX 77356-9998 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Certified Mail Comptroller of Public Accounts |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/17/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name United States Postal Service | | |
| Amount (\$) \$9.68 <input type="checkbox"/> 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) Postage | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Certified Mail to Comptroller of Public Accounts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 02/14/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name United States Postal Service | | |
| Amount (\$) \$156.00 <input type="checkbox"/> 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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Post Office Box Service Fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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SCHEDULE F1

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Polling Expense
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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)

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| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 40/41 Rpt: 98/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 04/24/2025 | 5 Payee name WalMart | |
| 6 Amount (\$) \$216.48 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1407 North Loop 336 West Conroe, TX 77304 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Donation | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Purchased various sizes of baby clothing, bottles, sippy cups, toilet training items |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Walgreens Montgomery | |
| Amount (\$) \$18.88 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 18900 Highway 105 W Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Photo Develop | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo for Historian |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/24/2025 | Payee name Walgreens Willis | |
| Amount (\$) \$200.21 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 9610 FM 1097 West Willis, TX 77318 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Plaques | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Plaques for Judge Echo Hudson's Program |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Candidate/Officeholder/Political Committee
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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)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 41/41 Rpt: 99/99 | 2 FILER NAME North Shore Republican Women | 3 Filer ID (Ethics Commission Filers) 00054577 |
| 4 Date 02/04/2025 | 5 Payee name Withrow, Gwen | |
| 6 Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 54 Brookgreen Circle North Montgomery, TX 77356 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Refund | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refunded her Associate Membership fee and gave her an honorary one as SREC SD4 Chairman |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2025 | Payee name Woodforest National Bank | |
| Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 20821-A Eva Street Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACH Fee for Debit Card Setup |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/13/2025 | Payee name Woodforest National Bank | |
| Amount (\$) \$15.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 20821-A Eva Street Montgomery, TX 77356 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ACH Fee for Debit Card Setup |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |