

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054591	2 Total pages filed: 95
3 COMMITTEE NAME Galveston Republican Women - PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/09/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Tina S. NICKNAME LAST SUFFIX Kirbie		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 482-2786		
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 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 06/30/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Galveston Republican Women - PAC	13 Filer ID (Ethics Commission Filers) 00054591
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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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 39,981.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,018.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 42,488.31
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.

Tina S. Kirbie

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
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17 COMMITTEE NAME Galveston Republican Women - PAC		18 Filer ID (Ethics Commission Filers) 00054591
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 39,981.81
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 24,018.91
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/76 Rpt: 4/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Maggie <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) District Manager		9 Employer (See Instructions) State Representative-Terri Leo-Wilson
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Maggie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) State Representative-Terri Leo-Wilson
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Maggie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) State Representative-Terri Leo-Wilson
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kayla <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Chief ADA		Employer (See Instructions) Galveston County-Criminal District Attorney's Office
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Kayla <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) Chief ADA		Employer (See Instructions) Galveston County-Criminal District Attorney's Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/76 Rpt: 5/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Kathy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Rita <hr/> Contributor address; City; State; Zip Code Galveston, TX 77573	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Brenda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Brenda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Brenda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/76 Rpt: 6/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Brenda 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Jane Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Jane Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Robert Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/76 Rpt: 7/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bessier, Nora <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Ann <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/76 Rpt: 8/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blanchard, Ann <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bock, Brenda <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlman, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$83.94
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Farmers Insurance
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Neurosurgeon		Employer (See Instructions) Houston Physicians Hospital
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/76 Rpt: 9/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		9 Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borda, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/76 Rpt: 10/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brantley, Tama <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Director of Business Development		9 Employer (See Instructions) Pillarstone Healthcare
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittain, Bobbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) DK's Dustbusters
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittain, Bobbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) DK's Dustbusters
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/76 Rpt: 11/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Della <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) RDM Development
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sarah <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas City ISD.
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sarah <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Texas City ISD.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/76 Rpt: 12/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sarah <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Texas City ISD.
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/76 Rpt: 13/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/76 Rpt: 14/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/76 Rpt: 15/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/76 Rpt: 16/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnes-Smart, Jillian <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Mediator/Arbiter		Employer (See Instructions) Self Employed
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, J L <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) J L Carpenter Law Office
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Wendy <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) School Psychologist		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/76 Rpt: 17/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Sandra <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Accounting		9 Employer (See Instructions) TFT Galveston Portfolio
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Diana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Diana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$120.55
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/76 Rpt: 18/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curra, Blair <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darring, Anne <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/76 Rpt: 19/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> 6 Contributor address; City; State; Zip Code Liberty, TX 77575	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Kay <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$241.18
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) West Island Professional Center
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/76 Rpt: 20/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Emmeline <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/76 Rpt: 21/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Linda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/76 Rpt: 22/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Loretta 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugie, Hank Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$781.59
Principal occupation / Job title (See Instructions) Business Owner-Real Estate		Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/76 Rpt: 23/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edinburgh, Paul 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Constable-Pct.#2		9 Employer (See Instructions) Galveston County
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edinburgh, Paul Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Constable-Pct.#2		Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Kristin Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Constituent Services		Employer (See Instructions) Comm. Darrel Apffel
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Kristin Contributor address; City; State; Zip Code Bacliff, TX 77518	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Constituent Services		Employer (See Instructions) Comm. Darrel Apffel
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Jack Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/76 Rpt: 24/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/76 Rpt: 25/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Family Associate Judge		9 Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$244.18
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/76 Rpt: 26/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Neurobiotex, Inc.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$244.18
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/76 Rpt: 27/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullen, Jimmy <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sherrif		9 Employer (See Instructions) Galveston County
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullen, Jimmy <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$22.38
Principal occupation / Job title (See Instructions) Sherriff		Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Greg <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/76 Rpt: 28/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$74.17
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Galveston County
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Janet <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Janet <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/76 Rpt: 29/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, John <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Pamela <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grazzle, Janyce <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansche, Shyla <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Admin. Secretary		Employer (See Instructions) UTMB-SOM
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/76 Rpt: 30/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$315.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardcastle, Jason <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Six Degrees Wealth Management
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardcastle, Jason <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Wealth Advisor		Employer (See Instructions) Six Degrees Wealth Management

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/76 Rpt: 31/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Marilyn <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Marilyn <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$120.55
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J.M.F. & Associates
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$120.55
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J.M.F. & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/76 Rpt: 32/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, D'Anne <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) General Manager		9 Employer (See Instructions) HGI
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/76 Rpt: 33/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$144.67
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/76 Rpt: 34/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Public Affairs		9 Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Self Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vicki <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/76 Rpt: 35/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vicki <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vicki <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/76 Rpt: 36/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$244.18
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/76 Rpt: 37/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/76 Rpt: 38/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74114	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Community Engagement		9 Employer (See Instructions) Tulsa County Sheriff's Office
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kelly <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Carnes Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/76 Rpt: 39/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kelly <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77591	7 Amount of Contribution (\$) \$83.85
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Carnes Funeral Home
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney/Partner		Employer (See Instructions) Jones Robinson, LLP
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$146.47
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$244.18
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/76 Rpt: 40/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiser, Phillip (Dr.) 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Galveston County Health District
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Brian Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$122.05
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Brian J. Kelly PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/76 Rpt: 41/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Jullian <hr/> 6 Contributor address; City; State; Zip Code TX	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Lorraine <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Lorraine <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Lorraine <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$122.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/76 Rpt: 42/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) District Clerk		9 Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Galveston County
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/76 Rpt: 43/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/76 Rpt: 44/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Cindy Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Cindy Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Cindy Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Cindy Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/76 Rpt: 45/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kriticos, Roxann <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$32.15
8 Principal occupation / Job title (See Instructions) Stylist & Restaurant Owner		9 Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/76 Rpt: 46/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> 6 Contributor address; City; State; Zip Code Alvin, TX 77511	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieblong, May Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Self Employed
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Ron <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) The Linton Real Estate Group
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) J. Lowe Realtors
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) J. Lowe Realtors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/76 Rpt: 47/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowe, Janis <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) J. Lowe Realtors
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Mary Ann <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$73.26
Principal occupation / Job title (See Instructions) Singer/Songwriter		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Mary Ann <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Singer/Songwriter		Employer (See Instructions) Self Employed
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlin, Laura <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/76 Rpt: 48/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Douglas <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matranga, Lisa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Ministry		Employer (See Instructions) Psalmal The Lord Ministry
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Bill <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Bill <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/76 Rpt: 49/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCumber, Kathleen <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Galveston County
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Pat <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Humana
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLauchan, Robert <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) MD/JD		Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Ken <hr/> Contributor address; City; State; Zip Code Baytown, TX 77521	Amount of Contribution (\$) \$32.15
Principal occupation / Job title (See Instructions) Chief Deputy-Precinct 4		Employer (See Instructions) Constable's Office

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/76 Rpt: 50/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 01/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> 6 Contributor address; City; State; Zip Code Wallisville, TX 77597	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		9 Employer (See Instructions) Middleton Oil Company/State of Texas
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Wallisville, TX 77597	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		Employer (See Instructions) Middleton Oil Company/State of Texas
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Wallisville, TX 77597	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		Employer (See Instructions) Middleton Oil Company/State of Texas
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Wallisville, TX 77597	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		Employer (See Instructions) Middleton Oil Company/State of Texas
Date 06/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$3,500.00
Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		Employer (See Instructions) Middleton Oil Company/State of Texas

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/76 Rpt: 51/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Diana <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$122.05
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Fort Bend Homes
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Galveston County
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$31.76
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/76 Rpt: 52/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$46.81
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/76 Rpt: 53/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mullane, Donna 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/76 Rpt: 54/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naschke, Mary Jo <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Dawn <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) UTMB
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$122.05
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/76 Rpt: 55/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) <div style="text-align: right;">\$20.00</div>
8 Principal occupation / Job title (See Instructions) Broker		9 Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Broker		Employer (See Instructions) Self Employed
Date 01/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) <div style="text-align: right;">\$30.00</div>
Principal occupation / Job title (See Instructions) Facilities Coordinator		Employer (See Instructions) Odyssey Academy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/76 Rpt: 56/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 01/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Facilities Coordinator		9 Employer (See Instructions) Odyssey Academy
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Facilities Coordinator		Employer (See Instructions) Odyssey Academy
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Facilities Coordinator		Employer (See Instructions) Odyssey Academy
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/76 Rpt: 57/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77574	7 Amount of Contribution (\$) \$1,200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passmore, Kathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$122.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearcy, Sidney <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$2,476.86
Principal occupation / Job title (See Instructions) Human Resource Manager		Employer (See Instructions) Texas International Terminals/Refinery/Pipeline
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/76 Rpt: 58/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/76 Rpt: 59/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintavalle, Sharnea <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Self Employed
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/76 Rpt: 60/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roady, Jack <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) District Attorney		9 Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roan, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Christopher <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Visiting Judge		Employer (See Instructions) Galveston County
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Visiting Judge		Employer (See Instructions) Galveston County

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/76 Rpt: 61/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Barbara <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) <div style="text-align: right;">\$20.00</div>
8 Principal occupation / Job title (See Instructions) Visiting Judge		9 Employer (See Instructions) Galveston County
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) <div style="text-align: right;">\$70.00</div>
Principal occupation / Job title (See Instructions) Visiting Judge		Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Loretta <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Jared <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) 405th District Court
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) <div style="text-align: right;">\$35.00</div>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/76 Rpt: 62/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saxe, Maria <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

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2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scully, Cinnamon <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Apple Towing Company
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/76 Rpt: 64/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> 6 Contributor address; City; State; Zip Code Dickinson , TX 77539	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$427.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, Gloria <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Settle, Gloria <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, John <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, Jon <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$168.95
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/76 Rpt: 66/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Michelle <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77574	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Johnson & Associates
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Michelle <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson & Associates
Date 06/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Albert <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$120.55
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, Tess <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$46.23
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Law Office of Lisa A. Vance, PC
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuber, Debbie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Computer Component Purchaser		Employer (See Instructions) TAS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/76 Rpt: 67/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Probate Court Judge		9 Employer (See Instructions) Galveston County
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/76 Rpt: 68/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Swanson Health Insurance
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Michael <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$244.18
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 03/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ann <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/76 Rpt: 69/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tichelaar, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turek, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CTA		Employer (See Instructions) Kalypso Travel

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/76 Rpt: 70/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turek, Beverly <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) CTA		9 Employer (See Instructions) Kalypso Travel
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turek, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) CTA		Employer (See Instructions) Kalypso Travel
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turek, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$122.05
Principal occupation / Job title (See Instructions) CTA		Employer (See Instructions) Kalypso Travel
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/76 Rpt: 71/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/76 Rpt: 72/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni 6 Contributor address; City; State; Zip Code Galveston , TX 77551	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Herb Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Century Millwork
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Herb Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Century Millwork
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$115.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/76 Rpt: 73/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Administration		9 Employer (See Instructions) Memorial Herman Healthcare System
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/76 Rpt: 74/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77553	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/76 Rpt: 75/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Yolanda <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77568	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Sew Unique Quilting & Fabrics
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Yolanda <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568	Amount of Contribution (\$) \$46.81
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sew Unique Quilting & Fabrics
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Barbara <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Barbara <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Joan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/76 Rpt: 76/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Joan <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Joan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 01/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) U.S. Representative to Congress		Employer (See Instructions) U.S.Government
Date 04/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$205.00
Principal occupation / Job title (See Instructions) U.S. Representative to Congress		Employer (See Instructions) U.S.Government
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) U.S. Representative to Congress		Employer (See Instructions) U.S.Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/76 Rpt: 77/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Justin <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$59.51
8 Principal occupation / Job title (See Instructions) Constable-Prct.#4		9 Employer (See Instructions) Galveston County
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Justin <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Constable-Prct.#4		Employer (See Instructions) Galveston County
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Marcy <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Malcolm <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Malcolm <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/76 Rpt: 78/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Ann <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Oil & Gas		9 Employer (See Instructions) Self
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Ann <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
Date 04/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelman, Ann <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Wallie <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/76 Rpt: 79/95
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zettle-PayPal <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95131	7 Amount of Contribution (\$) \$0.89
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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: 1/16 Rpt: 80/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 01/29/2025	5 Payee name Amazon	
6 Amount (\$) \$30.27 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2846-Decorations for the January Inaugural Celebration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Amazon	
Amount (\$) \$23.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2846-Decorations for January Inaugural Celebration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Amazon	
Amount (\$) \$88.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2863-Decorations for 70th Anniversary/Fundraiser
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: 2/16 Rpt: 81/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/02/2025	5 Payee name Amazon	
6 Amount (\$) \$40.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2863-70th Anniversary/Fundraiser event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$31.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2868-Frame for Mardi Gras poster Live Auction item
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon		
Amount (\$) \$36.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2868-200 Hawaiian Leis for guests
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: 3/16 Rpt: 82/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/09/2025	5 Payee name Amazon	
6 Amount (\$) \$32.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2868-300 burlap bags for guests gifts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Amazon	
Amount (\$) \$31.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2868-Adhesive Bandages for guests burlap gift bags
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Amazon	
Amount (\$) \$31.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
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 Ck#2868-Sewing Kits for guests burlap gift bags
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: 4/16 Rpt: 83/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/02/2025	5 Payee name Broussard, Janice (Ms.)	
6 Amount (\$) \$55.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4016 Cartagena Dr Pearland, TX 77581	
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 Ck#2863-70th Anniversary/ Fundraiser Porter Charges
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Buckley, Linda	
Amount (\$) \$116.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1213 Sailfish Street Hitchcock, TX 77563	
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 Ck#2868-Stamps for invitations for the 70th Anniversary/Fundraiser event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Constant Contact	
Amount (\$) \$106.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
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 Ck#2853-Fees for Email Support
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: 5/16 Rpt: 84/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/28/2025	5 Payee name Copy Dr., Inc.	
6 Amount (\$) \$17.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1101 S Friendswood Drive Friendswood, TX 77546	
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 Ck#2853-3 Table Reserved Signs for Jan., 2025 Mtg/Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2025	Payee name D Nurdin and Associates	
Amount (\$) \$227.33 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 906 91 st Galveston, TX 77554	
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 Ck#2861-Printing invitations to 70th Anniversary/Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2025	Payee name D Nurdin and Associates	
Amount (\$) \$79.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 906 91 st Galveston, TX 77554	
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 Ck#2867-Program cards for 70th Anniversary/Fundraiser
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: 6/16 Rpt: 85/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 02/03/2025	5 Payee name Fast Signs	
6 Amount (\$) \$75.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banner for Membership 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 Ck#2848-Banner for Membership recruitment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Fast Signs		
Amount (\$) \$21.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Membership Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2850-3 Membership Badges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Fast Signs		
Amount (\$) \$21.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2855-3 Member Name Badges
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: 7/16 Rpt: 86/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/09/2025	5 Payee name Fast Signs	
6 Amount (\$) \$14.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2870-Member Name Badges
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/06/2025	Payee name GHCFRW	
Amount (\$) \$30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 11007 Wortham Boulevard Houston, TX 77065	
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 Ck#2849-Annual Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Hobby Lobby-Pearland	
Amount (\$) \$32.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2450 Pearland Parkway Pearland, TX 77581	
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 Ck#2846-Centerpiece Decorations for the January Inaugural Celebration
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: 8/16 Rpt: 87/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 01/29/2025	5 Payee name Hobby Lobby-Pearland	
6 Amount (\$) \$39.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2450 Pearland Parkway Pearland, TX 77581	
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 Ck#2846-Centerpieces for the January Inaugural Celebration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Home Depot-Pearland	
Amount (\$) \$11.83 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1514 E. Broadway Pearland, TX 77581	
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 Ck#2863-Decorations for 70th Anniversary/Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2025	Payee name PayPal, Inc.	
Amount (\$) \$64.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2211 N 1st Street San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Duplicate Entry	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Adjusting entry to reverse duplicate entry
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: 9/16 Rpt: 88/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 01/29/2025	5 Payee name Sam's Club-Friendswood	
6 Amount (\$) \$166.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
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 Ck#2846-Flowers for Centerpieces for January Inaugural Celebration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Sam's Club-Friendswood	
Amount (\$) \$27.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
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 Ck#2863-Decoration for the GRW April Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Sam's Club-Friendswood	
Amount (\$) \$51.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
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 Ck#2863-Decorations for March 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: 10/16 Rpt: 89/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/02/2025	5 Payee name Sam's Club	
6 Amount (\$) \$133.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6614 Gulf Freeway La Marque, TX 77568	
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 Ck#2863-Decorations for April Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/02/2025	Payee name Sam's Club	
Amount (\$) \$128.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6614 Gulf Freeway La Marque, TX 77568	
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 Ck#2863-70th Anniversary/Fundraiser decorations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/21/2025	Payee name San Luis Hotel and Resort	
Amount (\$) \$4,450.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
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 Ck#2851-February Meeting & 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: 11/16 Rpt: 90/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/31/2025	5 Payee name San Luis Hotel and Resort	
6 Amount (\$) \$2,944.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
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 Ck#2857- March Mtg. & Meal
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/16/2025	Payee name San Luis Hotel and Resort	
Amount (\$) \$3,285.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
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 Ck#2859-April Mtg. & Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/07/2025	Payee name San Luis Hotel and Resort	
Amount (\$) \$9,317.62 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
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 Ck#2865-70th Anniversary/ Fundraiser event
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: 12/16 Rpt: 91/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/07/2025	5 Payee name San Luis Hotel and Resort	
6 Amount (\$) \$270.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
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 Ck#2866-Audio equipment charge for April's Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Staples	
Amount (\$) \$157.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 19335 Gulf Freeway Webster, TX 77598	
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 Ck#2853-Paper, Toner and Binder Dividers for 2025 documents
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2025	Payee name State Comptroller	
Amount (\$) \$80.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 149355 Austin, TX 78714-9355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) State Sales Tax	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2843-State Sales Tax for 2024 Taxable Sales
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: 13/16 Rpt: 92/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/11/2025	5 Payee name Sullivan, Kimberly	
6 Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3310 San Luas Drive Dickenson, TX 77539	
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 Ck#2854-Refund for duplicate payment of 2025 Membership Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2025	Payee name TFRW	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck#2845-Submission #3-New Primary Members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name TFRW	
Amount (\$) \$225.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck#2852- Submission #4-Primary Members 2025 Enrollment
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: 14/16 Rpt: 93/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 03/31/2025	5 Payee name TFRW	
6 Amount (\$) \$75.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck#2856-Submission #5-Fees for March Primary Membership
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2025	Payee name TFRW	
Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck#2860-Submission #6- Primary Members Membership Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/04/2025	Payee name TFRW	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck# 2864-TFRW Submission #7
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: 15/16 Rpt: 94/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 06/30/2025	5 Payee name TFRW	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
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 Ck#2871-Charge for Submission #8 -New Member
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2025	Payee name Todaro, Michael	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6507 Blimp Base Road Hitchcock, TX 77563	
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 Ck#2847-Cancellation Fee- for DJ at the January Inaugural Celebration due to inclement weather .
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/09/2025	Payee name Todaro, Michael	
Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6507 Blimp Base Road Hitchcock, TX 77563	
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 Ck#2869-DJ-Music for the 70th Anniversary/ Fundraiser event
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: 16/16 Rpt: 95/95	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 04/16/2025	5 Payee name Upward Hope Academy	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3301 Church Street Galveston, TX 77550	
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 Ck#2858-Donation for Lemonade Day-teaching students how to become entrepreneurs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held