

# 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) 00085254	2 Total pages filed: 66
3 COMMITTEE NAME Southeast Texas Republican Women			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/07/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1071  Nederland, TX 77627		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Elizabeth NICKNAME LAST SUFFIX Esthay		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3112 Youmans Dr.  Nederland, TX 77627		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3112 Youmans Dr.  Nederland, TX 77627		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 651-3018		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Southeast Texas Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00085254
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,912.69
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 10,185.52
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 6,824.89
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Ms. Elizabeth Esthay

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 66

<b>17 COMMITTEE NAME</b> Southeast Texas Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00085254
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,790.12
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 122.57
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	\$ 10,185.52
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 307.17
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/42 Rpt: 4/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altraf, Umar (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77708	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Self-Employed		<b>9</b> Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, April (Ms.) <hr/> Contributor address; City; State; Zip Code  Orange, TX 77630	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonsall, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Police Cadet		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonsall, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Police Cadet		Employer (See Instructions)
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/42 Rpt: 5/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) Clerk		<b>9</b> Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/42 Rpt: 6/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Clerk		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridgers, Kenneth <hr/> Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkley, Dean (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$26.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/42 Rpt: 7/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkley, Margaret (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) teacher		<b>9</b> Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/42 Rpt: 8/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	<b>7</b> Amount of Contribution (\$)  \$36.50
<b>8</b> Principal occupation / Job title (See Instructions) Regional Casework Dir.		<b>9</b> Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions)
Date 06/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Brad (Mr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/42 Rpt: 9/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/42 Rpt: 10/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77713	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77713	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 05/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77713	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/42 Rpt: 11/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/42 Rpt: 12/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$65.40
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, Pat (Mrs.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coon, Lisa (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Becky (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Neches, TX 77651	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/42 Rpt: 13/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, Daniel (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$73.00
<b>8</b> Principal occupation / Job title (See Instructions) counselor		<b>9</b> Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dixie (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/42 Rpt: 14/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/42 Rpt: 15/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeff (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$36.50
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decuir, Kay (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Cindy (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dishman, Cindy (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Unemployed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/42 Rpt: 16/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doornbos, Billy (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$182.50
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Holli (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) X Ray Tech		Employer (See Instructions)
Date 01/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Kim (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Teller Supervisor		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/42 Rpt: 17/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Bookkeeper		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/42 Rpt: 18/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$36.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/42 Rpt: 19/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$48.60
<b>8</b> Principal occupation / Job title (See Instructions) County Commissioner		<b>9</b> Employer (See Instructions) Jefferson County
Date 03/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Jefferson County
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Jefferson County
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Jefferson County
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Errington, Marie (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/42 Rpt: 20/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Accounting Clerk		<b>9</b> Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 03/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/42 Rpt: 21/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Accounting Clerk		<b>9</b> Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$65.42
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Accounting Clerk		Employer (See Instructions)
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) <hr/> Contributor address; City; State; Zip Code  Beaumont , TX 77706	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/42 Rpt: 22/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont , TX 77706	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) Contributor address; City; State; Zip Code  Beaumont , TX 77706	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) Contributor address; City; State; Zip Code  Beaumont , TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) Contributor address; City; State; Zip Code  Beaumont , TX 77706	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)
Date 04/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) Contributor address; City; State; Zip Code  Beaumont , TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/42 Rpt: 23/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont , TX 77706	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figari, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figari, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forey, Hope (Ms.) <hr/> Contributor address; City; State; Zip Code  NEDERLAND, TX 77627	Amount of Contribution (\$)  \$68.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freisz, Gordon (Judge) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/42 Rpt: 24/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funchess, Tim (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77701	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Jefferson County Treasurer		<b>9</b> Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillispie, Kurt (Mr.) Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golemon, Scott (Judge) Contributor address; City; State; Zip Code  Cut N Shoot, TX 77306	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.) Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Donna (Ms.) Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/42 Rpt: 25/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/42 Rpt: 26/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$65.40
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/42 Rpt: 27/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$105.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/42 Rpt: 28/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, James (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$65.40
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellberg, Roxanne (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77713	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hellberg, Roxanne (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77713	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)
Date 03/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77726	Amount of Contribution (\$)  \$26.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 04/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77726	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/42 Rpt: 29/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77726	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 03/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Beverly (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Beverly (Ms.) <hr/> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	Amount of Contribution (\$)  \$185.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Emmett (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$135.00
Principal occupation / Job title (See Instructions) Oil Field Consultant		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Dee <hr/> Contributor address; City; State; Zip Code  Mauriceville, TX 77626	Amount of Contribution (\$)  \$109.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/42 Rpt: 30/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stephanie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pott Arthur, TX 77642	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Intake Specialist Legay.c.d.c.		<b>9</b> Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Pott Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Intake Specialist Legay.c.d.c.		Employer (See Instructions)
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Pott Arthur, TX 77642	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Intake Specialist Legay.c.d.c.		Employer (See Instructions)
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stephanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Pott Arthur, TX 77642	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Intake Specialist Legay.c.d.c.		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kimberly (Mrs.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$41.50
Principal occupation / Job title (See Instructions) Marketing Mgr		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/42 Rpt: 31/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kimberly (Mrs.) <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketin Mgr.		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/42 Rpt: 32/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Marie (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maggio, Pearl (Ms.) Contributor address; City; State; Zip Code  The Woodlands, TX 77384	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/42 Rpt: 33/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77706	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Beverly (Ms.) Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/42 Rpt: 34/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Beverly (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Housewife		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Luke (Mr.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jeff (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/42 Rpt: 35/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Jeff (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$109.50
<b>8</b> Principal occupation / Job title (See Instructions) Finance		<b>9</b> Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/42 Rpt: 36/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Groves, TX 77619	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.) <hr/> Contributor address; City; State; Zip Code  Groves, TX 77619	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/42 Rpt: 37/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 02/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/42 Rpt: 38/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Lanora (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Port Neches, TX 77651	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions)
Date 04/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Sherrie (Ms.) <hr/> Contributor address; City; State; Zip Code  Bridge City , TX 77611	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna (Mr.) <hr/> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shilly, Melanie (Ms.) <hr/> Contributor address; City; State; Zip Code  Huntsville, TX 77340	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Political Consultant		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/42 Rpt: 39/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, James (Mr.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/42 Rpt: 40/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/27/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, James (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$65.40
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.) <hr/> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.) <hr/> Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/42 Rpt: 41/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$70.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Sandra (Ms.) Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) Contributor address; City; State; Zip Code  Orange, TX 77632	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) Contributor address; City; State; Zip Code  Orange, TX 77632	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) Contributor address; City; State; Zip Code  Orange, TX 77632	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/42 Rpt: 42/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Orange, TX 77632	<b>7</b> Amount of Contribution (\$)  \$36.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code  Orange, TX 77632	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code  Orange, TX 77632	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walston, Wayne Kent (Judge) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) <hr/> Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/42 Rpt: 43/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) <b>6</b> Contributor address; City; State; Zip Code  Bridge City, TX 77611	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) Contributor address; City; State; Zip Code  Bridge City, TX 77611	Amount of Contribution (\$)  \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 41/42 Rpt: 44/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Bridge City, TX 77611	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 01/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Friendswood, TX 77546	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Liz (Ms.) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77707	Amount of Contribution (\$)  \$26.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Raquel (Judge) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701	Amount of Contribution (\$)  \$36.50
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)
Date 05/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Raquel (Judge) <hr/> Contributor address; City; State; Zip Code  Beaumont, TX 77701	Amount of Contribution (\$)  \$63.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/42 Rpt: 45/66
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kathy (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	<b>7</b> Amount of Contribution (\$)  \$35.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay (Mr.) <hr/> Contributor address; City; State; Zip Code  Conroe, TX 77302	Amount of Contribution (\$)  \$73.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 46/66	
2 FILER NAME Southeast Texas Republican Women		3 Filer ID (Ethics Commission Filers) 00085254	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/03/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.) 7 Contributor address; City; State; Zip Code  Beaumont, TX 77705	8 Amount of contribution (\$) \$72.58	9 In-kind contribution description TexJoy Gift Box for Speaker
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 01/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Beth (Ms.) Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of contribution (\$) \$27.34	In-kind contribution description check stamp
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Accounting Clerk		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 05/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) Contributor address; City; State; Zip Code  Beaumont, TX 77705	Amount of contribution (\$) \$8.05	In-kind contribution description Postage
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 47/66	
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 05/29/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.) <hr/> <b>7</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	<b>8</b> Amount of contribution (\$) \$14.60	<b>9</b> In-kind contribution description Postage Stamps
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/17 Rpt: 48/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/06/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/08/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$2.42  <input type="checkbox"/> Expenditure from corporate funds	Payee name 2025 Square, Inc.  Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/15/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.40  <input type="checkbox"/> Expenditure from corporate funds	Payee name 2025 Square, Inc.  Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 2/17 Rpt: 49/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/29/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$3.78  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 3/17 Rpt: 50/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 02/12/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$5.59  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
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.

<b>1</b> Total pages Schedule F1: Sch: 4/17 Rpt: 51/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 02/28/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$2.59  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$2.42  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$2.42  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 5/17 Rpt: 52/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/12/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$10.09  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/17/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/18/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
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.

<b>1</b> Total pages Schedule F1: Sch: 6/17 Rpt: 53/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/21/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$2.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.07  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$4.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 7/17 Rpt: 54/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 03/31/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$2.72  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
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.

<b>1</b> Total pages Schedule F1: Sch: 8/17 Rpt: 55/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/07/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$15.82  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 9/17 Rpt: 56/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/29/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.10  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$2.43  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 10/17 Rpt: 57/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/12/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/12/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee name 2025 Square, Inc.  Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/14/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$6.45  <input type="checkbox"/> Expenditure from corporate funds	Payee name 2025 Square, Inc.  Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 11/17 Rpt: 58/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/26/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name 2025 Square, Inc.		
Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
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.

<b>1</b> Total pages Schedule F1: Sch: 12/17 Rpt: 59/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 06/10/2025	<b>5</b> Payee name 2025 Square, Inc.	
<b>6</b> Amount (\$) \$1.36  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/11/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$10.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market St. Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/08/2025	Payee name Carr, Dina (Ms.)	
Amount (\$) \$524.02  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2225 Stillwater Dr.  Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Annual Dues, fees, award expense & google	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Dues - (11) TFRW & NFRW, service fees, award, google
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.

<b>1</b> Total pages Schedule F1: Sch: 13/17 Rpt: 60/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/29/2025	<b>5</b> Payee name Carr, Dina (Ms.)	
<b>6</b> Amount (\$) \$96.27  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2225 Stillwater Dr.  Beaumont, TX 77705	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Google Voice Inc	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Cloud 1st Qtr 2025
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/19/2025	Candidate/Officeholder name Carr, Dina (Ms.)	
Amount (\$) \$327.02  <input type="checkbox"/> Expenditure from corporate funds	Office sought 2225 Stillwater Dr.  Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Border Care Project reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/18/2025	Candidate/Officeholder name Embracing Freedom	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 12813  Beaumont, TX 77726	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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.

<b>1</b> Total pages Schedule F1: Sch: 14/17 Rpt: 61/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/13/2025	<b>5</b> Payee name Esthay, Beth (Ms.)	
<b>6</b> Amount (\$) \$1,015.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3112 Youmans Dr.  Nederland, TX 77627	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense The Pompano reimbursement
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/28/2025	Payee name Greene, Pat	
Amount (\$) \$455.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4400 Morningstar Pl.  Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) TFRW Dues	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check # 1004 - TFRW Dues for 18 members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2025	Payee name Greene, Pat	
Amount (\$) \$126.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4400 Morningstar Pl.  Beaumont, TX 77705	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TFRW Membership Fees (5)
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.

<b>1</b> Total pages Schedule F1: Sch: 15/17 Rpt: 62/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 05/02/2025	<b>5</b> Payee name Hispanic Business Council	
<b>6</b> Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3202 39th St.  Port Arthur, TX 77642	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Annual Dues	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual Dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Hope Womens Resource Clinic		
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3740 Laurel St  Beaumont, TX 77707	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Procter Street Baptist Church		
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4401 Jimmy Johnson Blvd  Port Arthur, TX 77642	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memorial for Marie Errington
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.

<b>1</b> Total pages Schedule F1: Sch: 16/17 Rpt: 63/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 01/09/2025	<b>5</b> Payee name The Pompano	
<b>6</b> Amount (\$) \$944.91  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal/ Meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name The Pompano		
Amount (\$) \$1,014.90  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense February Meeting Meals Check #1003
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name The Pompano		
Amount (\$) \$1,855.48  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check # 1005 - March Meeting Meals
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.

<b>1</b> Total pages Schedule F1: Sch: 17/17 Rpt: 64/66	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/10/2025	<b>5</b> Payee name The Pompano	
<b>6</b> Amount (\$) \$1,925.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April Meeting Meals
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/13/2025	Payee name The Pompano	
Amount (\$) \$1,469.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense June Meeting/Meal
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/2 Rpt:	<b>2</b> FILER NAME Southeast Texas Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 04/03/2025	<b>5</b> Payee name Carr, Dina (Ms.)	
<b>6</b> Amount (\$)  72.58 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 2225 Stillwater Dr.  Beaumont, TX 77705	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) TexJoy Gift Box for Speaker
Date 06/02/2025	Payee name Ebeling, Jeanene (Ms.)	
Amount (\$)  14.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2464 63rd St.  Pt. Arthur, TX 77640	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Postage	<b>(b)</b> Description (See instructions regarding type of information required.) Postage
Date 01/08/2025	Payee name Esthay, Beth (Ms.)	
Amount (\$)  27.34 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3112 Youmans Dr.  Nederland, TX 77627	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) check stamp	<b>(b)</b> Description (See instructions regarding type of information required.) check stamp
Date 05/02/2025	Payee name Greene, Pat	
Amount (\$)  8.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4400 Morningstar Pl.  Beaumont, TX 77705	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) postage	<b>(b)</b> Description (See instructions regarding type of information required.) Postage

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 05/29/2025	5 Payee name Greene, Pat	
6 Amount (\$) 14.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4400 Morningstar Pl. Beaumont, TX 77705	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Postage Stamps	(b) Description (See instructions regarding type of information required.) Postage Stamps
Date 01/06/2025	Payee name U. S. Post Office	
Amount (\$) 170.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 223 N. 14 th. St. Nederland, TX 77627	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) PO Box Rental	(b) Description (See instructions regarding type of information required.) PO Box Rental