FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00070360 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Women of Trinity County Date Received **ELECTRONICALLY FILED** 07/13/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1916 Date Hand-delivered or Date Postmarked Change of Address Trinity, TX 75862 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Kirby D. NAME NICKNAME LAST **SUFFIX** Mackey STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4 Westwood Drive West STREET **ADDRESS** (Residence or Business) Trinity, TX 75862 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4 Westwood Drive West MAILING **ADDRESS** Trinity, TX 75862 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (832) 691-6878 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/04/2025 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Republican Women of	Trinity County		00070360	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,204.65
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,243.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	13,204.65
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			I	
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Kirby D.	Mackey	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of offic	er administering oath
Signature of officer t	Carrie out		11000101110	o. administering out

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				JVLN	3 of 40
		EE NAME	18 Filer ID	(Ethics	Commission Filers)
		an Women of Trinity County	00070360		
		E SUBTOTALS SCHEDULE		Sl	JBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,204.65
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.	Х	SCHEDULE E: LOANS		\$	0.00
10	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	13,243.89
11	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/40	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	-	Nomen of Trinity County	_			00070360	
4	Date 02/18/2025	5 Full name of contributorAlaniz, Iris6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$40.00
		Trinity, TX 75862					
8	Principal occu Retired	pation / Job title (See Instruction	5)	9 Employer (See Instructions Retired	s)		
	Date 02/18/2025	Full name of contributor Araiza, Cindy (Mrs.) Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$40.00
		Trinity, TX 75862					
	Principal occu Retired	pation / Job title (See Instruction:	s) 	Employer (See Instructions Retired	s) 		
	Date 02/04/2025	Full name of contributor Auvenshine, Linda Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$40.00
		Trinity, TX 75862					
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions Retired	5)		
	Date 04/22/2025	Full name of contributor Auvenshine, Linda Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>l</u> S)		
	Date 03/19/2025	Full name of contributor Ballenger, Kathy Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions	<u>l</u> S)		
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	MONET	ARY POLITICAL (CONTRIBUTIO	S 		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/40	
2	FILER NAME Republican	Women of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/08/2025	5 Full name of contributor Bateman, Dottie (Mrs.)6 Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
		Trinity, TX 75862						
8	Principal occu Retired	pation / Job title (See Instructions	(5)		Employer (See Instructions Retired	s)		
	Date 02/04/2025	Full name of contributor Bateman, Dottie (Mrs.) Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions	;)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 04/11/2025	Full name of contributor Bleakney, Karen Gisele Contributor address; City; Si	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions	s)		Employer (See Instructions	;) 		
	Retired		,		Retired			
	Date 04/22/2025	Full name of contributor Bleakney, Karen Gisele Contributor address; City; Si Trinity, TX 75862	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 03/11/2025	Full name of contributor Bryan, Nita Contributor address; City; Si Trinity, TX 75862	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTR	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/40	
2	FILER NAME Republican V	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 03/11/2025	Carney, Betsy	tate PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	Dringing Lagran	Trinity, TX 75862	lo.	Franks or (Cook batturations	<u></u>		
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 03/19/2025	Carson, Paulette (Mrs.) Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$150.00
		Apple Springs, TX 75926 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Retired			Retired			
	Date 06/03/2025	Full name of contributor out-of-s Carson, Paulette (Mrs.) Contributor address; City; State; Zip Co	itate PAC (ID#: de)		Amount of Contribution (\$)	\$25.00
		Apple Springs, TX 75926					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/11/2025	Carter, Doris				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/19/2025	Carter, Doris	tate PAC (ID#:			Amount of Contribution (\$)	\$120.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/40	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Republican \	Women of Trinity County				00070360	
4	Date 04/08/2025	5 Full name of contributor Chamberlin, Barbara6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
		Trinity, TX 75862					
8	Principal occu Retired	pation / Job title (See Instructions	5)	9 Employer (See Instructions Retired	s)		
	Date 03/11/2025	Full name of contributor Chamberlin, Barbara Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$125.00
		Trinity, TX 75862					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	S)		
	Date 04/08/2025	Full name of contributor Chamberlin, Barbara Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$125.00
		Trinity, TX 75862					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	<u>I</u> S)		
	Date 02/04/2025	Full name of contributor Chamberlin, Barbara Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$17.85
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	<u>1</u> S)		
	Date 04/22/2025	Full name of contributor Chamberlin, Barbara Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	<u> </u> 		

	MONET	ARY POLITICAL CONT	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to cor	mplete this for	n.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/40	
2	FILER NAME Republican \	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/08/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
		Trinity, TX 75862					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 04/08/2025	Full name of contributor out-on Dennison, Traci Contributor address; City; State; Zip Contributor				Amount of Contribution (\$)	\$40.00
		Onalaska, TX 77360	· · · · · · · · · · · · · · · · · · ·				
	Principal occu local busines	pation / Job title (See Instructions) ss owner		Employer (See Instructions self	i)		
	Date 03/11/2025	Full name of contributor out-o Erdmann, Dana Contributor address; City; State; Zip 0	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Trinity, TX 75862					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 04/22/2025	Evans, David	of-state PAC (ID#:			Amount of Contribution (\$)	\$800.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 02/04/2025	Evans, Janice	f-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/40	
2	FILER NAME Republican V	Vomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/08/2025	Freyer, Rob	ut-of-state PAC (ID#:ip Code)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Coldspring, TX 77331	ام	Employer (See Instructions			
•	Attorney	pation / Job title (See Instructions)		Polk County Texas)		
	Date 04/22/2025	Full name of contributor ou Frye, Sunnie Contributor address; City; State; Zi	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occur	Trinity, TX 75862 pation / Job title (See Instructions)		Employer (See Instructions)		
	retired	pation 7 cos title (eee moraciono)		retired	,		
	Date 04/22/2025	Full name of contributor ou Gallagher, George Contributor address; City; State; Zi	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Trinity, TX 75862					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Westwood Shores Realt			
	Date 04/22/2025	Full name of contributor ou Hansen, Erin Contributor address; City; State; Zi Trinity, TX 75862	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 04/08/2025	Full name of contributor ou Harrington, Sally Jo (Ms.) Contributor address; City; State; Zi Trinity, TX 75862	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			•				

	MONEI	ARY POLITICAL (SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/40	
2	FILER NAME				3	Filer ID (Ethics Commissio	n Filers)
		Nomen of Trinity County	_			00070360	
4	Date 02/18/2025	5 Full name of contributor Harris, Jennifer6 Contributor address; City; St	out-of-state PAC (ID#:_) 7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions	.)	9 Employer (See II	nstructions)		
	nurse/busine		,	Self	ion donorio)		
	Date 04/22/2025	Full name of contributor Harrott, Kathy Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
_	Principal occu	pation / Job title (See Instructions	s)	Employer (See I	nstructions)		
	retired		,	retired	,		
	Date 04/08/2025	Full name of contributor Hart, Ann (Mrs.) Contributor address; City; St	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$100.00
		Trinity, TX 75862					
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See In Retired	nstructions)		
	Date 02/18/2025	Full name of contributor Hassell, Linda (Mrs.) Contributor address; City; St Trinity, TX 75862	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See In Retired	nstructions)		
	Date 03/11/2025	Full name of contributor Hay, Colton Contributor address; City; St Trinity, TX 75862	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$100.00
	Principal occu County Attor	pation / Job title (See Instructions ney	s)	Employer (See In Trinity County	nstructions)		

	MONET	ARY POLITICAL (S		SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/40	
2	FILER NAME Republican \	Women of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/22/2025	5 Full name of contributor Heinrich, Terri (Mrs.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Trinity, TX 75826 pation / Job title (See Instructions	2)	9	Employer (See Instructions	;) 		
0	Retired	pation / Job title (See Instructions		<i>3</i>	Retired	•)		
	Date 03/19/2025	Full name of contributor Holden, Robbin Contributor address; City; St)		Amount of Contribution (\$)	\$150.00
		Trinity, TX 75862						
	Principal occu Loan Adviso	pation / Job title (See Instructions r Manager	s)		Employer (See Instructions Chartway Credit Union	s)		
	Date 03/19/2025	Full name of contributor Holsinger, Cindy Contributor address; City; St	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00
		Trinity, TX 75862						
	Principal occu retired	pation / Job title (See Instructions	(3)		Employer (See Instructions retired	s)		
	Date 04/22/2025	Full name of contributor Holsinger, Cindy Contributor address; City; St Trinity, TX 75862)		Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	s)		
	Date 02/18/2025	Full name of contributor Hoofnagle, Beverly Contributor address; City; St Trinity, TX 75862	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (S		SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/40	
2	FILER NAME Republican V	Nomen of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 03/11/2025	5 Full name of contributor Jenkins, Barbara (Mrs.)6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions	s) I	9	Employer (See Instructions	<u> </u>		
	Retired	(,		Retired	,		
	Date 02/18/2025	Full name of contributor Kennedy, JoAnn Contributor address; City; S)		Amount of Contribution (\$)	\$40.00
		Groveton, TX 75845						
	Principal occu Retired	pation / Job title (See Instructions	s) 		Employer (See Instructions Retired	s)		
	Date 02/04/2025	Full name of contributor Kreitzer, Brenda Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
		Trinity, TX 75862						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 04/22/2025	Full name of contributor Lasater, Monet Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
	Date 02/18/2025	Full name of contributor Linderman, Maja Contributor address; City; S Trinity, TX 75862	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$40.00
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
			,					

	MONET	ARY POLITICAL CO	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/40	
2	FILER NAME Republican \	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 02/18/2025	5 Full name of contributor Loftin, Michael (Rev.)6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$100.00
0	Dringing Lagge	Trinity, TX 75862	lo-	Employer (Coo Instructions			
8	Principal occu Pastor	pation / Job title (See Instructions)		Employer (See Instructions River Of Life Church)		
	Date 04/22/2025	Full name of contributor Loria, Troy Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$800.00
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date 06/03/2025	Full name of contributor Mackey, Kirby Contributor address; City; State	out-of-state PAC (ID#:;)		Amount of Contribution (\$)	\$311.00
		Trinity, TX 75862					
	Principal occu Admin	pation / Job title (See Instructions)		Employer (See Instructions SHSU)		
	Date 03/11/2025	Full name of contributor Martin, Danny Contributor address; City; State Groveton, TX 75845	out-of-state PAC (ID#:; ; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu owner	pation / Job title (See Instructions)		Employer (See Instructions Shaw Butane)		
	Date 04/11/2025	Full name of contributor Matuszewski, Karen Contributor address; City; State Trinity, TX 75862	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			'				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	S		SCHEDUL	E A1	
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/40	
2	FILER NAME Republican \	Women of Trinity County				3	Filer ID (Ethics Commission 00070360	ı Filers)
4	Date 04/22/2025	Full name of contributor Matuszewski, Karen Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
Ļ		Trinity, TX 75862	 	_				
8	Principal occu retired	upation / Job title (See Instructions))		Employer (See Instructions retired	s) 		
	Date 03/11/2025)		Amount of Contribution (\$)	\$40.00	
	Principal occu Retired	Huntsville, TX 77430 upation / Job title (See Instructions))		Employer (See Instructions Retired	<u> </u> ;)		
	Date 04/22/2025	Full name of contributor out-of-state PAC (ID#:) McMichael, George (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$800.00		
	Dringing occ	Trinity, TX 75862	<u> </u>		Franks or (Coo Instructions			
		Entrepreneur	<u> </u>		Employer (See Instructions self-employed	·)		
	Date 02/04/2025	Full name of contributor McNeely, Brenda (Mrs.) Contributor address; City; Sta Trinity, TX 75862	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$60.00
	Principal occu Clerical	upation / Job title (See Instructions))		Employer (See Instructions Sam Houston State Univ		sity	
	Date 02/04/2025	Full name of contributor Moser, Crystal Contributor address; City; Sta Onalaska, TX 77360	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$40.00
	Principal occu	upation / Job title (See Instructions))		Employer (See Instructions Crystal's Small Town Gl		our	
			·					

	MONET	ARY POLITICAL (S		SCHEDUL	E A1		
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/40	
2	FILER NAME Republican V	Nomen of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 02/18/2025	5 Full name of contributor Newbury, Brenda6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$40.00
_	Dringing Lagran	Trinity, TX 75862	, I	_	Franks or (Cook batturations			
8	Retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions Retired	5)		
	Date 04/22/2025				Amount of Contribution (\$)	\$25.00		
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		
	Retired Retired							
	Date 03/19/2025				Amount of Contribution (\$)	\$100.00		
		Trinity, TX 75862						
	Principal occu retired	pation / Job title (See Instructions	(3)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/22/2025 Paske, Peter Contributor address; City; State; Zip Code Trinity, TX 75862				Amount of Contribution (\$)	\$100.00		
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	5)		
	Date 03/11/2025	Full name of contributor Pavlik, Melanie Contributor address; City; Si Trinity, TX 75862	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
			,					

	MONET	ARY POLITICAL (S		SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/40	
2	FILER NAME Republican \	Nomen of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 02/04/2025	5 Full name of contributor Pavlik, Melanie6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu Retired	Trinity, TX 75862 pation / Job title (See Instructions	·)	9	Employer (See Instructions Retired	 - s)		
	Date 04/08/2025	te Full name of contributor out-of-state PAC (ID#:) Pete Sessions for Congress Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Waco, TX 76701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 02/18/2025				Amount of Contribution (\$)	\$40.00		
	Delicalizado a	Trinity, TX 75862	,		Foundation (October to the street)			
	Retired	pation / Job title (See Instructions	·)		Employer (See Instructions Retired	5)		
	Date 04/22/2025	Full name of contributor Primm, Kelly Contributor address; City; Si Trinity, TX 75862					Amount of Contribution (\$)	\$100.00
	Principal occu waitress and	pation / Job title (See Instructions)		Employer (See Instructions self employed	<u>l</u> 5)		
	Date 04/22/2025	Full name of contributor Primm, Kelly Contributor address; City; Si Trinity, TX 75862	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$40.00
	Principal occu waitress and	pation / Job title (See Instructions caretaker	(i)		Employer (See Instructions self employed	5)		

	MONET	ARY POLITICAL C	NS .		SCHEDUL	E A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/40	
2	FILER NAME Republican \	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 02/18/2025	5 Full name of contributor Rawlings, Caren6 Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code)	7	Amount of Contribution (\$)	\$40.00
8		Trinity, TX 75862 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Date 02/18/2025	ate Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$500.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				<u> </u> 5)		
	Date 04/11/2025	Full name of contributor S & K Services Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$125.00
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 04/22/2025	Full name of contributor S & K Services Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)		Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 04/08/2025	Full name of contributor Schiro, Bennie Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu District Attor	pation / Job title (See Instructions) ney		Employer (See Instructions Trinity County	5)		

	MONET	ARY POLITICAL CON	S		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to c	complete this forn	1.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/40	
2	FILER NAME Republican \	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/11/2025	See, Elizabeth (Sue)	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
_	<u> </u>	Trinity, TX 75862		<u> </u>			
8	Owner	pation / Job title (See Instructions)		Employer (See Instructions Texan Hitch)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2025 Shanafelt, Nancy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$40.00	
	Dringing age	Groveton, TX 75845 pation / Job title (See Instructions)		Employer (See Instructions			
	County Tax Assessor Collector Trinity County)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/22/2025 Shanafelt, Nancy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
		Groveton, TX 75845	•				
	•	pation / Job title (See Instructions) Assessor Collector		Employer (See Instructions Trinity County)		
	Date 04/14/2025	Square Inc)		Amount of Contribution (\$)	\$898.76
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 04/21/2025	Square Inc	ut-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$22.04
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
			l				

	MONET	ARY POLITICAL CONTRIBUT	NS .		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/40	
2	FILER NAME Republican V	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	n Filers)
4	-	5 Full name of contributor out-of-state PAC (Steptoe, Jillian 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$40.00
		Groveton, TX 75845					
8	Principal occu owner	pation / Job title (See Instructions)	9	Employer (See Instructions Jillian's Dance Center	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/22/2025 Swan, David Contributor address; City; State; Zip Code Trinity, TX 75862			Amount of Contribution (\$)	\$600.00		
	Principal occupation / Job title (See Instructions) Sales Employer (See Instruction Axis Portable Air				<u>l</u> s)		
	Date 02/18/2025				Amount of Contribution (\$)	\$40.00	
		Trinity, TX 75862 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 04/08/2025	Full name of contributor out-of-state PAC (Thompson, Charla (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862		Retired		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/11/2025	Full name of contributor out-of-state PAC (Thompson, Charla (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862	ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRI	S		SCHEDUI	LE A1	
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/40	
2	FILER NAME Republican \	Nomen of Trinity County			3	Filer ID (Ethics Commission 00070360	on Filers)
4	Date 04/22/2025	Thompson, Charla (Mrs.)	PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions)	l _o	Employer (See Instructions	·/		
0	Retired	pation / Job title (See mstructions)	j	Retired)		
	Date 04/22/2025	/22/2025 Thompson, Charla (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired						
	Date 04/22/2025				Amount of Contribution (\$)	\$100.00	
		Trinity, TX 75862					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/22/2025	Vaughn, Robert)		Amount of Contribution (\$)	\$1,200.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 02/18/2025	Full name of contributor out-of-state Walterscheid, Donna Contributor address; City; State; Zip Code Trinity, TX 75862)		Amount of Contribution (\$)	\$65.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
			,				

	MONET	ARY POLITICAL (S		SCHEDUL	E A1		
	The Instru	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/40	
2	FILER NAME Republican \	Nomen of Trinity County				3	Filer ID (Ethics Commission 00070360	n Filers)
4	Date 04/11/2025	5 Full name of contributor Watson, Stayc6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$125.00
0	Principal occu	Trinity, TX 75862	, I	0	Employer (See Instructions	<u></u>		
8	Owner -	pation / Job title (See Instructions)	9	S&K Services	»)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2025 Watson, Stayc Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$60.00			
	Principal occu	Trinity, TX 75862 pation / Job title (See Instructions) [Employer (See Instructions	 ;)		
	Owner S&K Services			,				
	Date 04/22/2025				Amount of Contribution (\$)	\$125.00		
		Trinity, TX 75862						
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions S&K Services	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2025 Welton, Joyce (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862				Amount of Contribution (\$)	\$40.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/18/2025	Full name of contributor Woods, Julia Contributor address; City; St Huntsville, TX 77340	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1				
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/40			
2	FILER NAME Republican	Women of Trinity County		3	Filer ID (Ethics Commission 00070360	n Filers)		
4	Date 04/08/2025	 Full name of contributor out-of-state PAC (ID#:_ Wright, Charlene (Keeker) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00		
		Trinity, TX 75862						
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired)				
	Date 04/22/2025	/22/2025 Wright, Charlene (Keeker) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) Retired							
	Date Full name of contributor out-of-state PAC (ID#:) 03/11/2025 Young, Audrey Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
		Trinity, TX 75862						
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)				
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#:_Young, Audrey Contributor address; City; State; Zip Code Trinity, TX 75862			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)				
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_Zachary, Heidi (Mrs.) Contributor address; City; State; Zip Code Trinity, TX 75862			Amount of Contribution (\$)	\$40.00		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)				

PLE	DGED CONTRIBU	TIONS			SCHEDULE	В
т	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 23/40	
2 FILER N	AME can Women of Trinity County			3		
<u></u>	. OF UNITEMIZED PLEDG	GES				0.00
6 Full name of pledgor out-of-state PAC (ID#:				8	Amount of pledge (\$)	
10 Principal	occupation / Job title (See Instru	otions)	11 ====================================]	Check if travel outside of Texas. Complete Sche	dule T
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See Inst	tructio	ons)	

	LOANS						SCHE	DULE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	1		ges Schedule E: L Rpt: 24/40	
2	FILER NAME Republican Won	nen of Trinity County			3	Filer ID 000703	(Ethics Commiss	sion Filers)
4	TOTAL OF UNITEMIZED LOANS						\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amount	(\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were o	deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guar	anteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	structions)			

SCHEDULE F1

The strength of the strength o

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 25/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
06/10/2025	Carney, Elizabeth
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$290.01	12 White oak
Expenditure from corporate funds	Trinity, TX 75862
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense library donation reimbursements
	iibrary donation reimbursements
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
03/04/2025	Chamberlin, Barbara
Amount (\$)	Payee address; City; State; Zip Code
\$914.55	108 Cottonwood Rd
Expenditure from	
corporate funds	Trinity, TX 75862
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	golf giveaways for tournament
	gen giveantaje iei teantament
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	B
Date 03/18/2025	Payee name Chamberlin, Barbara
Amount (\$)	Payee address; City; State; Zip Code
\$135.98	108 Cottonwood Rd
Expenditure from corporate funds	Trinity, TX 75862
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	membership drive supplies and decor for tournament
	membership unive supplies and decor for tournament
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/16 Rpt: 26/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
04/17/2025	Chamberlin, Barbara
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$392.46	108 Cottonwood Rd
- "	
Expenditure from corporate funds	Trinity, TX 75862
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	door prizes
	door prized
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/22/2025	EV-1 AdPro
Amount (\$)	Payee address; City; State; Zip Code
\$182.94	10451 S. Williams Rd.
,	
Expenditure from corporate funds	Conroe, TX 77303
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense stand-up banner
	Starta up barrier
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
01/28/2025	Payee name GHCFRW
Amount (\$)	Payee address; City; State; Zip Code
· ·	
\$30.00	7941 Katy Freeway
Expenditure from	#272
corporate funds	Houston, TX 77024
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense annual membership fee
	ailiuai ilietiibeisiilp lee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 27/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
01/13/2025	GoDaddy.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$23.17	100 S. Mill Ave Suite 1600
Expenditure from corporate funds	Tempe, AZ 85281
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense website domain ownership
	website domain ownership
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
01/09/2025	GotPrint.com
Amount (\$)	Payee address; City; State; Zip Code
\$76.13	7651 N. San Fernando Rd.
Expenditure from	
corporate funds	Burbank, CA 91505
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	business cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/28/2025	Haley Burk Foundation
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	351 E Caroline St.
Expenditure from corporate funds	Trinity, TX 75862
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/16 Rpt: 28/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
06/10/2025	Harrington, Sally
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.20	33 Lakeside
Expenditure from corporate funds	Trinity, TX 75862-8940
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense printing
	printing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
	Payee name
06/17/2025	Harrington, Sally
Amount (\$)	Payee address; City; State; Zip Code
\$17.73	33 Lakeside
Expenditure from	
corporate funds	Trinity, TX 75862-8940
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense printing
	printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date 01/28/2025	Payee name
	Holsinger, Cindy
Amount (\$)	Payee address; City; State; Zip Code
\$78.44	108 Deep Creek Dr.
Expenditure from	
corporate funds	Trinity, TX 75862
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense TFRW Quarterly Board meeting ticket
	TERM Qualitity board meeting ticket
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 29/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
02/18/2025	Holsinger, Cindy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$222.50	108 Deep Creek Dr.
Expenditure from corporate funds	Trinity, TX 75862
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Quarterly board meeting ticket and legislative day
	training registration
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/08/2025	Holsinger, Cindy
Amount (\$)	Payee address; City; State; Zip Code
\$1,600.00	108 Deep Creek Dr.
Expenditure from	
corporate funds	Trinity, TX 75862
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LA LABITORL	Check if Austin, TX, officeholder living expense
	website creation and domain
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientary to benefit ever	
Date	Payee name
04/15/2025	Holsinger, Cindy
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	108 Deep Creek Dr.
Expenditure from corporate funds	Trinity, TX 75862
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EVENDIIOKE	Check if Austin, TX, officeholder living expense
	guest speaker donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/OI	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/16 Rpt: 30/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
06/17/2025	Holsinger, Cindy
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	108 Deep Creek Dr.
Expenditure from corporate funds	Trinity, TX 75862
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense reimbursement for guest speaker fee
	reimbarsement for guest speaker fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/28/2025	Kreitzer, Brenda
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$38.26	188 Westwood Dr E
Expenditure from corporate funds	Trinity, TX 75862
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	supplies for meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/18/2025	Kreitzer, Brenda
Amount (\$)	Payee address; City; State; Zip Code
\$31.04	188 Westwood Dr E
Ψ01.04	100 Westwood Bi E
Expenditure from corporate funds	Trinity, TX 75862
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	ice + utensils
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 7/16 Rpt: 31/40	Republican Women of Trinity County 00070360	
4 Date	5 Payee name	
04/15/2025	Kreitzer, Brenda	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$58.31	188 Westwood Dr E	
Expenditure from corporate funds	Trinity, TX 75862	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense golf cannon tanks and kitchen supplies	
	gon cannon tanks and kitchen supplies	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
		_
Date	Payee name	
05/20/2025	Kreitzer, Brenda	
Amount (\$)	Payee address; City; State; Zip Code	
\$9.32	188 Westwood Dr E	
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense breakfast supplies/snacks for meeting	
	breaklast supplies/sitacks for frieeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
06/17/2025	Kreitzer, Brenda	
Amount (\$)	Payee address; City; State; Zip Code	
\$12.97	188 Westwood Dr E	
Expenditure from		
corporate funds	Trinity, TX 75862	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	food and drinks for general meeting	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitie to beliefft C/OI	•	
		ſ

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/16 Rpt: 32/40	Republican Women of Trinity County	00070360
4 Date	5 Payee name	
01/28/2025	Lasater, Monet	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$47.16	101 Rolling Springs	
Expenditure from corporate funds	Trinity, TX 75862	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Cinter ink + paper
		пистик грарсі
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
04/08/2025	Lasater, Monet	
Amount (\$)	Payee address; City; State; Zip Code	
\$49.51	101 Rolling Springs	
Evpanditura from		
Expenditure from corporate funds	Trinity, TX 75862	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	L	Check if Austin, TX, officeholder living expense embership drive supplies
	"'	embership arive supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	9	Office field
Date	Payee name	
02/17/2025	Lorenson, Kirk	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	PO Box 812	
Expenditure from		
corporate funds	Trinity, TX 75862	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
	SI	gn on 356
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
onponential to belieff 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this	form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 9/16 Rpt: 33/40	Republican Women of Trinity County			00070360	
4 Date	5 Payee name		<u> </u>		
03/18/2025	Mackey, Kirby				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$9.71	4 Westwood Dr. W				
·					
Expenditure from corporate funds	Trinity, TX 75862				
	-	(b) 5 ·			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descri		de of Texas, Com	plete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense			officeholder living	
		receip	ot book		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ight		Office he	eld
expenditure to benefit C/O	H				
Date	Payee name				
04/09/2025	Mackey, Kirby				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$720.00	4 Westwood Dr W				
Ţ. <u>2</u> 0.00					
Expenditure from	Trinity, TX 75862				
corporate funds	-	lax .			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descri	•	do of Toyas Com	plete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense			officeholder living	
				y for golf to	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	Н				
Date	Payee name				
04/23/2025	Mackey, Kirby				
Amount (\$)	Payee address; City; State; Zip Co	ode			
\$23.00	4 Westwood Dr W				
\$23.00					
Expenditure from corporate funds	Trinity, TX 75862				
'	,	[a			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Descri		de of Teyes Com	plete Schedule T.
EXPENDITURE	Event Expense			officeholder living	•
			of Leaders		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ıght		Office he	eld
expenditure to benefit C/O	H				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission File	ers)
Sch: 10/16 Rpt: 34/40	Republican Women of Trinity County		00070360	
4 Date	5 Payee name		•	
01/13/2025	MoneyMinder			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$301.41	PO Box 30307			
Expenditure from corporate funds	Bellingham, WA 98228			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking		vel outside of Texas. Complete Schedule T.	
EXPENDITORE			stin, TX, officeholder living expense	
		accounting	n/banking/budgeting service	
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	ıht	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		Jrit.	Office field	
Dete				
Date	Payee name			
03/02/2025	MoneyMinder			
Amount (\$)	Payee address; City; State; Zip Co	le		
\$51.80	PO Box 30307			
Expenditure from				
corporate funds	Bellingham, WA 98228			
PURPOSE OF	, , ,	(b) Description		
EXPENDITURE	Fees		vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense	
		tax form su		
Complete ONLY if direct	Candidate/Officeholder name Office sout	ıht	Office held	
expenditure to benefit C/O	1			
Date	Payee name			
02/04/2025	Newhouse, Michele			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$200.00	1 Westpoint Dr			
Expenditure from corporate funds	Trinity, TX 75862			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense		vel outside of Texas. Complete Schedule T.	
EXPENDITORE		ш	stin, TX, officeholder living expense	
		community	center reservation fee	
Complete ONLY if direct	Candidate/Officeholder name Office sour	ıht	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		μιτ	Office field	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to con	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 11/16 Rpt: 35/40	Republican Women of Trinity County		00070360	
4 Date	5 Payee name		•	
05/20/2025	SAAFE House			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$200.00	107 W. Main Street			
Expenditure from corporate funds	Trinity, TX 75862			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By	Check if trav	vel outside of Texas. Com	
LXI LINDITORE	Candidate/Officeholder/Political Committee	Check if Aus	stin, TX, officeholder living	g expense
		uunauun		
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office ho	<u></u>
expenditure to benefit C/O		IIL	Office III	siu
Data				
Date 03/10/2025	Payee name Sign Gypsies			
Amount (\$)	Payee address; City; State; Zip Coc	le		
\$200.00	27 Woodview Dr			
Expenditure from corporate funds	Huntsville, TX 77320			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense		el outside of Texas. Com	plete Schedule T.
EXPENDITURE	·		stin, TX, officeholder living	
		welcome si	igns for tourname	ent
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office souc	ht	Office he	7ld
expenditure to benefit C/O		IIL	Office III	eiu
<u> </u>				
Date	Payee name			
02/18/2025	Sullivan, Kay			
Amount (\$)	Payee address; City; State; Zip Coc	le		
\$26.69	142 E Big Lake Rd			
Expenditure from corporate funds	Trinity, TX 75862			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense		vel outside of Texas. Com	plete Schedule T.
LAFENDITORE			stin, TX, officeholder living	g expense
		supplies for	rmeeting	
Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	O#:55 !-	7ld
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		III	Office h	c iu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to complete	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/16 Rpt: 36/40	Republican Women of Trinity County	00070360
4 Date	5 Payee name	
01/06/2025	TFRW	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$125.00	PO Box 171146	
Expenditure from	Augtin TV 70717 0041	
corporate funds	Austin, TX 78717-0041	
8 PURPOSE OF	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership submission #2
		The modern pour modern
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Data		
Date	Payee name	
02/02/2025	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$202.40	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717-0041	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		submission #3
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
experientare to serious eye		
Date	Payee name	
02/28/2025	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$430.10	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717-0041	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EVDENDITUDE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		submission #4
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/16 Rpt: 37/40	Republican Women of Trinity County 00070360
4 Date	5 Payee name
03/26/2025	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$278.30	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717-0041
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	submission #5
	Submittee in the
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/15/2025	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$170.00	PO Box 171146
— Formanditure from	
Expenditure from corporate funds	Austin, TX 78717-0041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	beryl dowd scholarship, TFRW scholarship, board
	hospitality, and travel fund donations
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/29/2025	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$101.20	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717-0041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	submission #6
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORALEIO TO BOHOIL O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 14/16 Rpt: 38/40	Republican Women of Trinity County 00070360
4	Date	5 Payee name
	05/30/2025	TFRW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$25.30	PO Box 171146
	Expenditure from corporate funds	Austin, TX 78717-0041
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense submission #7
		Submission //
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	_	
	Date	Payee name
	06/20/2025	TFRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$25.30	PO Box 171146
Г	Expenditure from	A TV 70747 0044
<u> </u>	corporate funds	Austin, TX 78717-0041
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		submission #8
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Dete	
	Date 06/10/2025	Payee name Trinity County Sheriff Office
		• •
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	214 W. 1st
_	Expenditure from	
_	corporate funds	Groveton, TX 75845
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		donation of Deputy training program
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 15/16 Rpt: 39/40	Republican Women of Trinity County	00070360				
4 Date	5 Payee name	·				
02/26/2025	US Postal Service					
6 Amount (\$)	7 Payee address; City; State; Zip Co	de				
\$58.00	116 North Main					
— Foresedit ve from						
Expenditure from corporate funds	Trinity, TX 75862					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense annual post office box rental				
		aimaa post onice box rentai				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held				
expenditure to benefit C/OI		giit Cilico ficid				
Date	Davisa nama					
02/18/2025	Payee name VFW Post 6899 Trinity TX					
	-	do				
Amount (\$) \$100.00	Payee address; City; State; Zip Co 400 E. Caroline	de				
\$100.00	400 E. Caloline					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense donation				
		donation				
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Data						
Date 03/08/2025	Payee name Walker Storage					
Amount (\$)	Payee address; City; State; Zip Co	de				
\$660.00	605 South Robb					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE		(h) Description				
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Office Overficad/Neffical Experise	Check if Austin, TX, officeholder living expense				
		annual storage rental				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held				
expenditure to benefit C/OH						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 16/16 Rpt: 40/40	Republican Women of Trinity County 00070360					
4 Date	5 Payee name					
04/15/2025	Westwood Shores POA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$350.00	100 Westwood Drive					
Expenditure from corporate funds	Trinity, TX 75862					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense tips for servers and golf pro					
	ups for servers and you pro					
2 O	Office hold	4				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H					
		_				
Date	Payee name					
04/21/2025	Westwood Shores POA					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,240.00	100 Westwood Drive					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Pro Shop - golf course rental for tournament					
	1 to Shop gon course remainer					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_				
expenditure to benefit C/O						
	T	_				
Date	Payee name					
04/22/2025	Westwood Shores POA					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,600.00	100 Westwood Drive					
Expenditure from corporate funds	Trinity, TX 75862					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Event Expense					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	19th Hole - Meals for tournament players					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-				
expenditure to benefit C/OH						
		_				