

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

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|--|--|---|---|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00016015 | 2 Total pages filed: 17 |
| 3 COMMITTEE NAME Republican Women of Gregg County P.A.C. | | | 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 5 Longview, TX 75606 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Ms. Martha J. NICKNAME LAST SUFFIX Marty Rhymes | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2105 E. Old U.S. Hwy. 80 White Oak, TX 75693 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2105 E. Old US Hwy 80 White Oak, TX 75693 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (903) 746-0281 | | |
| 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 | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Republican Women of Gregg County P.A.C. | 13 Filer ID (Ethics Commission Filers) 00016015 |
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| | | |
|---|--|--------------|
| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |
| | | |

| | | |
|-------------------------------|--|--------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 4,530.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 16,952.47 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 1,943.47 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,629.62 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 14,204.29 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

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

Ms. Martha J. Rhymes

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 17

| | | |
|---|---|---|
| 17 COMMITTEE NAME Republican Women of Gregg County P.A.C. | | 18 Filer ID (Ethics Commission Filers) 00016015 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 13,791.47 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 3,161.00 |
| 3. | <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 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 | \$ 16,629.62 |
| 11. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/17 |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adcock, Chelsea 6 Contributor address; City; State; Zip Code Hallsville, TX 75650 | 7 Amount of Contribution (\$) \$625.00 |
| 8 Principal occupation / Job title (See Instructions) Contractor | | 9 Employer (See Instructions) Self |
| Date 01/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobo, Linda Contributor address; City; State; Zip Code Hallsville, TX 75650 | Amount of Contribution (\$) \$600.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlton, Brenda (Mrs.) Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of Contribution (\$) \$380.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 01/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Sharon Contributor address; City; State; Zip Code Kilgore, TX 75662 | Amount of Contribution (\$) \$1,030.00 |
| Principal occupation / Job title (See Instructions) Self employed | | Employer (See Instructions) American Communications |
| Date 01/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cundiff, Karen Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of Contribution (\$) \$380.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/17 |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/30/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagle Eye Firearms <hr/> 6 Contributor address; City; State; Zip Code Kilgore, TX 75662 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Sharon <hr/> Contributor address; City; State; Zip Code Longview, TX 75601 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Account Executive | | Employer (See Instructions) Elara Caring |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) H8 Pain Management <hr/> Contributor address; City; State; Zip Code Ft Worth, TX 76126 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lanclos, Susan <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Homemaker | | Employer (See Instructions) |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Modisette, Vickie <hr/> Contributor address; City; State; Zip Code Longview, TX 75601 | Amount of Contribution (\$) \$230.00 |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Jason Deli |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/17 |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novy, Scott (Judge) <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75604 | 7 Amount of Contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) Judge | | 9 Employer (See Instructions) Gregg County |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoudt, Bill (Judge) <hr/> Contributor address; City; State; Zip Code longview, TX 75606 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) County Judge | | Employer (See Instructions) Gregg County |
| Date 01/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade Gibson, Connie <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) kranzman, Jennifer <hr/> Contributor address; City; State; Zip Code Longview, TX 75603 | Amount of Contribution (\$) \$916.47 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/3 Rpt: 7/17 | |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | 3 Filer ID (Ethics Commission Filers) 00016015 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 01/23/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherith Valley Gardens <hr/> 7 Contributor address; City; State; Zip Code Ft. Worth, TX 76123 | 8 Amount of contribution (\$) \$85.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 9 In-kind contribution description Gift Basket |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 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 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connolly, Chelsa <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | Amount of contribution (\$) \$75.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Massage |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Massage therapist | | Employer (FOR NON-JUDICIAL) (See instructions) Self | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman Design <hr/> Contributor address; City; State; Zip Code Longview, TX 75604 | Amount of contribution (\$) \$250.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Basket of items |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | | | |
|---|--|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule A2: Sch: 2/3 Rpt: 8/17 | |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | | | 3 Filer ID (Ethics Commission Filers) 00016015 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ 0.00 | |
| 5 Date 01/23/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Karl <hr/> 7 Contributor address; City; State; Zip Code Longview, TX 75601 | | 8 Amount of contribution (\$) \$165.00 | 9 In-kind contribution description Pamper Me Basket | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | | | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) counselor | | | 11 Employer (FOR NON-JUDICIAL) (See instructions) Hearisans | | |
| 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 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCollough, Tony <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | | Amount of contribution (\$) \$150.00 | In-kind contribution description Plaque | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Realtor | | | Employer (FOR NON-JUDICIAL) (See instructions) Self | | |
| Contributor's principal occupation (FOR JUDICIAL) | | | Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| Contributor's employer/law firm (FOR JUDICIAL) | | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |
| Date 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray Jewelry <hr/> Contributor address; City; State; Zip Code Longview, TX 75605 | | Amount of contribution (\$) \$1,200.00 | In-kind contribution description Necklace for Silent Auction | |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | | Employer (FOR NON-JUDICIAL) (See instructions) | | |
| Contributor's principal occupation (FOR JUDICIAL) | | | Contributor's job title (FOR JUDICIAL) (See instructions) | | |
| Contributor's employer/law firm (FOR JUDICIAL) | | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 3/3 Rpt: 9/17 | |
| 2 FILER NAME Republican Women of Gregg County P.A.C. | | 3 Filer ID (Ethics Commission Filers) 00016015 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 01/23/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timeless MediSpa 7 Contributor address; City; State; Zip Code Longview, TX 75605 | 8 Amount of contribution (\$) \$886.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | 9 In-kind contribution description Timeless "Be Best" Basket |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | 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 01/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Top Shot Contributor address; City; State; Zip Code Longview, TX 75602 | Amount of contribution (\$) \$350.00 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | In-kind contribution description Gift Cards |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) | | Employer (FOR NON-JUDICIAL) (See instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 10/17

2 FILER NAME

Republican Women of Gregg County P.A.C.

3 Filer ID (Ethics Commission Filers)
00016015

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/7 Rpt: 11/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/22/2025 | 5 Payee name 5S Rentals | |
| 6 Amount (\$) \$235.66 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 502 W. US Hwy 80 White Oak, TX 75693 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Decorative Accessories for America First Event |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2025 | Payee name Ahle Printing | |
| Amount (\$) \$161.86 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 108A E. South St. Longview, TX 75601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Programs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/13/2025 | Payee name Anwar, Hamid (Dr.) | |
| Amount (\$) \$68.90 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6100 Harris Pkwy Ft. Worth, TX 76152 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Silent Auction Item |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/7 Rpt: 12/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 05/09/2025 | 5 Payee name Books a Million | |
| 6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 422 W. Loop 281 Ste 400 Longview, TX 75605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Literacy Project |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/24/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Borderline Band | | |
| Amount (\$) \$1,200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 110 Kate St Longview , TX 75605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Band Entertainment |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/21/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name Good, Allicyn (Miss) | | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3116 Rounceval Dr. Longview, TX 75605 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 3/7 Rpt: 13/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/08/2025 | 5 Payee name Heaton Gun Sales | |
| 6 Amount (\$) \$850.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 101 E. Methvin Ste 300 Longview, TX 75601 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gun for silent Auction |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/15/2025 | Payee name Jalapeno Tree | |
| Amount (\$) \$33.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 508 N. Eastman Rd Longview, TX 75601 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for speaker |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/05/2025 | Payee name Longview Convention Complex | |
| Amount (\$) \$786.25 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 100 Grand Blvd longview, TX 75602 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 4/7 Rpt: 14/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 05/21/2025 | 5 Payee name Purdum, Carolyn (Miss) | |
| 6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1919 Blueridge Pkwy Longview, TX 75605 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 04/16/2025 | Payee name Republican Party of Gregg County | |
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code Box 3322 longview, TX 75606 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Help with overhead cost of office |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/24/2025 | Payee name Rowdy Creek Ranch | |
| Amount (\$) \$5,080.18 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4048 Gilmer Rd Gilmer , TX 75645 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rental for event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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|---|--|---|
| 1 Total pages Schedule F1: Sch: 5/7 Rpt: 15/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 01/27/2025 | 5 Payee name Snaps In The South Photo Booth | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code Facebook Bossier City, LA | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photo Booth |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/21/2025 | Candidate/Officeholder name Stuart, Myra (Miss) | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 3259 Webb Rodger Rd Waskom, TX 75692 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Scholarship |
| | Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 01/28/2025 | Candidate/Officeholder name TFRW | |
| Amount (\$) \$400.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 13740 N. Hwy 183, Ste J4 Austin, TX 78750-1832 | |
| 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 Memberships |
| | Office held | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 6/7 Rpt: 16/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 02/26/2025 | 5 Payee name TFRW | |
| 6 Amount (\$) \$202.40 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste J4 Austin, TX 78750-1832 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Memberships |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/01/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW | | |
| Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste J4 Austin, TX 78750-1832 | |
| 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 Memberships |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/12/2025 | Candidate/Officeholder name Office sought Office held | |
| Payee name TFRW | | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N. Hwy 183, Ste J4 Austin, TX 78750-1832 | |
| 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 Memberships |
| 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.

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| 1 Total pages Schedule F1: Sch: 7/7 Rpt: 17/17 | 2 FILER NAME Republican Women of Gregg County P.A.C. | 3 Filer ID (Ethics Commission Filers) 00016015 |
| 4 Date 04/24/2025 | 5 Payee name USPS | |
| 6 Amount (\$) \$192.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code Downtown Longview, TX 75606 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post Office Box |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |