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) 00016915 3 COMMITTEE NAME **OFFICE USE ONLY** Nacogdoches County Republican Women Date Received **ELECTRONICALLY FILED** 07/03/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 628 N University #187 Date Hand-delivered or Date Postmarked Nacogdoches, TX 75961 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary NAME NICKNAME LAST **SUFFIX** Hutchison STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7015 FM 2609 STREET **ADDRESS** (Residence or Business) Nacogdoches, TX 75965 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7015 FM 2609 MAILING **ADDRESS** Nacogdoches, TX 75965 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 560-9459 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 Month Day **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer I		(Ethics Commission Filers)
Nacogdoches County	Republican Women		00010	6915	
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION) POLITICAL CONTRIBUTIONS (OTHER THA	N		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	!	\$	9,045.86
	2. TOTAL POLITICA			\$	9,045.86
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOAN	S)		3,043.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	:	\$	1,165.07
	4. TOTAL POLITICA	L EXPENDITURES	!	\$	12,795.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE L G PERIOD	AST DAY	\$	20,488.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$	0.00
6 AFFIDAVIT			<u>l</u>		
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.			
			ary Hutchisor		
		Signature o	of Campaign T	reasure	er
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said		, this the		day
		which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Title o	of office	r administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 16
17 CC	DMMITTI	EE NAME	18 Filer ID	(Ethic	s Commission Filers)
Na	acogdoc	ches County Republican Women	00016915		
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,045.86
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		ANIZATION	\$		
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				
9.	9. SCHEDULE E: LOANS				
10	. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	12,492.16
11	. 🔲	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12	. 🔲	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13	. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	303.67
14	. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	1,025.00
15	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	267.41

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Fenal Services Salaries/Wangs/Contract Labor

Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 4/16	Nacogdoches County Republican Women	00016915
4 Date	5 Payee name	
02/13/2025	Butchko, Kay	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$173.20	3631 Broadmoor Blvd.	
Expenditure from corporate funds	Nacogdoches, TX 75965	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	on
OF EXPENDITURE	Traine tags for members	if travel outside of Texas. Complete Schedule T.
		if Austin, TX, officeholder living expense
	new me	rsement for the purchase of name tags for mbers
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
Date	Payee name	
03/10/2025	Butchko, Kay	
Amount (\$)	Payee address; City; State; Zip Code	
\$140.73	3631 Broadmoor Blvd.	
Ψ1+0.73	3001 Brodumoor Biva.	
Expenditure from corporate funds	Nacogdoches, TX 75965	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	on
OF EXPENDITURE		if travel outside of Texas. Complete Schedule T.
EXPENDITORE		if Austin, TX, officeholder living expense
		rsement for the purchase of name tags for
	new me	mbers.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought OH	Office held
Date	Payee name	
04/14/2025	Butchko, Kay	
Amount (\$)	Payee address; City; State; Zip Code	
\$32.48	3631 Broadmoor Blvd.	
Expenditure from	No control of TV 75005	
corporate funds	Nacogdoches, TX 75965	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	
EXPENDITURE	Name tags	if travel outside of Texas. Complete Schedule T.
	1	if Austin, TX, officeholder living expense
	new me	rsement for the purchase of name tags for mbers.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiorare to benefit C/OI	<u></u>	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee I	egal Services The Instruction Guide 6	Salaries/V	Wages	/Contract Labor		OTHER (enter a	category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission I	-ilers)
Sch: 2/10 Rpt: 5/16	l	s County Republica	an Women				00016915	•	,
4 Date	5 Payee name								
05/27/2025	Constant Co	ntact							
6 Amount (\$)	7 Payee addres	s; City;	State; Zip Co	ode					
\$266.64	890 Winter S	St, Suite 300							
Expenditure from corporate funds	Waltham, M	A 02451							
8 PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising E	Expense			=		ide of Texas. Com		
					ш		, officeholder living		- al
					about NCRW		vice to кеер	members informe	eu
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld	
Date	Payee name								
01/13/2025	Fredonia Ho	tel							
Amount (\$)	Payee addres	s; City;	State; Zip Co	nde					
\$941.87	200 North Fr		O. C.						
Ψ941.07	200 NOILITEI	edoni							
Expenditure from corporate funds	Nacogdoche	s, TX 75965							
PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE	Food/Bevera				Check if travel of	outsi	ide of Texas. Com	olete Schedule T.	
EXPENDITORE					—		, officeholder living		
					January mon	thly	/ lunch meet	ing	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ıght			Office he	eld	
Date	Payee name								
02/10/2025	Fredonia Ho	tel							
	Payee addres		State; Zip Co	nd o					
Amount (\$)	1		State, Zip Ct	Jue					
\$1,145.02	200 North Fr	edoni							
Expenditure from corporate funds	Nacogdoche	s, TX 75965							
PURPOSE	(a) Category (See	e Categories listed at the top	of this schedule)	(b)	Description				
OF	Food/Bevera		,		Check if travel	outsi	ide of Texas. Com	olete Schedule T.	
EXPENDITURE		- •			_		, officeholder living		
					February mor	nth	ly lunch mee	eting	
Complete ONLY if direct	Candidate/Offic	eholder name	Office sou	ight			Office he	eld	
expenditure to benefit C/OI	H								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
4 7 1 0 1 1 5		
1 Total pages Schedule F1:		
Sch: 3/10 Rpt: 6/16	Nacogdoches County Republican Women 00016915	
4 Date	5 Payee name	
03/10/2025	Fredonia Hotel	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,269.68	200 North Fredoni	
Expenditure from corporate funds	Nacogdoches, TX 75965	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	March monthly lunch meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiditure to benefit C/Oi		
Date	Payee name	
04/14/2025	Fredonia Hotel	
Amount (\$)	Payee address; City; State; Zip Code	
\$829.52	200 North Fredoni	
Expenditure from corporate funds	Nacogdoches, TX 75965	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	April monthly lunch meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	Н	
Date	Payee name	_
05/12/2025	Fredonia Hotel	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1,097.61	200 North Fredoni	
Ψ1,037.01	200 North Fedorii	
Expenditure from	Nicos videologo TV 75005	
corporate funds	Nacogdoches, TX 75965	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	May monthly lunch meeting.	
	way monany randi meeting.	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Forms provided by Tayas F	thics Commission was athics state ty us Version V// 1.0 cdca8	,be

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E 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		ges/Contract Labor OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 7/16	Nacogdoches County Republican Women	00016915
4 Date	5 Payee name	
04/03/2025	Kline's Wrap It Up	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$156.00	628 N University Dr	
Expenditure from corporate funds	Nacogdoches, TX 75961	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		PO Box rental for a year
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
02/19/2025	Lott, Savannah	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$80.00	8405 FM 1878	
Expenditure from		
corporate funds	Nacogdoches, TX 75961	
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.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		Desserts for monthly luncheon meeting
Commission ONII V if dispose	Condidate Office helder name	Define held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug H	ht Office held
Date	Payee name	
01/23/2025	Nacogdoches Federation of Women	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$25.00	499 County Road 741	
Expenditure from		
corporate funds	Nacogdoches, TX 75964	
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 Rental fee for use of Old University Building for
		NCRW meetings
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		Onice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense 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	
4 Tatal manua Cabadula Edu	
1 Total pages Schedule F1:	
Sch: 5/10 Rpt: 8/16	Nacogdoches County Republican Women 00016915
4 Date	5 Payee name
02/19/2025	Nacogdoches Federation of Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	499 County Road 741
Ψ23.00	455 County Road 741
Expenditure from	
corporate funds	Nacogdoches, TX 75964
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Rental fee for the Old University Building or monthly
	board meeting for NCRW
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payeo namo
04/06/2025	Payee name
	Nacogdoches Federation of Women
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	499 County Road 741
Expenditure from corporate funds	Nacogdoches, TX 75964
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Annual dues for membership to the Nacogdoches
	Federation of Women
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/25/2025	Nacogdoches Federation of Women
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	499 County Road 741
Expenditure from	
corporate funds	Nacogdoches, TX 75964
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
	Rental fee for the Old University Building or monthly
	board meeting for NCRW
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 Conditate/Officeholder/Poli Event Expense 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 Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 6/10 Rpt: 9/16	2 FILER NAME Nacogdoches County Republican Women 3 Filer ID (Ethics Commission Filers) 00016915
4 Date	5 Payee name
06/27/2025	Nacogdoches Federation of Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	499 County Road 741
Expenditure from corporate funds	Nacogdoches, TX 75964
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVENDITUE	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rental fee for the Old University Building or monthly
	board meeting for NCRW
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/19/2025	Pack, Mary
Amount (\$)	Payee address; City; State; Zip Code
\$360.00	4213 Oak Creek
Expenditure from corporate funds	Nacogdoches, TX 75965
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	A years worth of monthly expenses to pay
EXI ENDITORE	for a docent to work at the Old University Check if Austin, TX, officeholder living expense
	building A years worth of monthly expenses to pay for a
	docent to work at the Old University building
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2025	Red House Winery
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	108 East Pilar St
Expenditure from corporate funds	Nacogdoches, TX 75961
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Rental fee for location used for February Meet and
	Greet event
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 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 explair	ns how to cor	nple	lete this form.
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 7/10 Rpt: 10/16		Nacogdoches County Republican We	omen		00016915
4	Date	5	Payee name			L
	04/03/2025	1	Small Town Socials			
6	Amount (\$)	7	Payee address; City; Sta	ite; Zip Co	de	
	\$82.36		1890 CR 813			
	Expenditure from corporate funds		Nacogdoches, TX 75961			
8	PURPOSE	(a)	Category (See Categories listed at the top of this s	schedule)	(b)) Description
	OF EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedule T.
						Check if Austin, TX, officeholder living expense Printing of cards to hand out with dates of upcoming
						events
9	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office sou	aht	t Office held
Ð	expenditure to benefit C/O		andidate/Oniceriolder flame	Office Sou(JIII	. Office field
		_				
	Date	1	Payee name			
	01/17/2025		TFRW			
	Amount (\$)		Payee address; City; Sta	ite; Zip Co	de	
	\$375.00		PO Box 171146			
	Expenditure from corporate funds		Austin, TX 78717			
	PURPOSE	(a)	Category (See Categories listed at the top of this s	cohodulo)	(b)) Description
	OF	``	Fees	scriedule)	(- ,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		. 900			Check if Austin, TX, officeholder living expense
						Membership dues
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	t Office held
	expenditure to benefit C/O	Н				
	Date		Payee name			
	02/18/2025		TFRW			
	Amount (\$)	+	Payee address; City; Sta	ite; Zip Co	de	
	\$375.00		PO Box 171146	,p		
	40.0.00		. • • • • • • • • • • • • • • • • • • •			
Г	Expenditure from		Austin TV 70717			
_	corporate funds	_	Austin, TX 78717			
	PURPOSE OF		Category (See Categories listed at the top of this s	schedule)	(b)) Description
	EXPENDITURE		Fees			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
						Membership dues
	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office sour	tdr	t Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		andidate/OniceHolder Hattle	Office sou	JIIL	, Office field
	•					

SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:		_
Sch: 8/10 Rpt: 11/16	Nacogdoches County Republican Women 00016915	
4 Date	5 Payee name	_
02/27/2025	TFRW	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$150.00	PO Box 171146	
Expenditure from	Austin, TX 78717	
corporate funds	<u> </u>	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	membership dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
03/30/2025	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
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	
	Membership dues	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
04/15/2025	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	_
\$100.00	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
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 membership dues	
	membership dues	
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: 9/10 Rpt: 12/16	Nacogdoches County Republican Women 00016915
4 Date	5 Payee name
06/27/2025	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	PO Box 171146
— Foresedit we from	
Expenditure from corporate funds	Austin, TX 78717
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
	TFRW Membership dues
	·
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
03/10/2025	Ward, Rhonda
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	749 CR 234
Expenditure from corporate funds	Nacogdoches, TX 75961
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
	Reimbursement for monthly speaker.
	realing area in a first montain, appearen
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/29/2025	Payee name Ward, Rhonda
	·
Amount (\$)	Payee address; City; State; Zip Code
\$2,021.03	749 CR 234
Expenditure from corporate funds	Nacogdoches, TX 75961
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.
D. LIBITORE	Check if Austin, TX, officeholder living expense
	Reimbursement for paper fan give aways at blueberry festival
Complete CNII V if direct	
Complete <u>ONLY</u> if direct 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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 13/16	Nacogdoches County Republican Women	00016915
4 Date	5 Payee name	<u> </u>
05/12/2025	Ward, Rhonda	
6 Amount (\$)	7 Payee address; City; State; Zip Co	nda
\$700.95	749 CR 234	oue
\$700.95	749 CR 234	
Expenditure from corporate funds	Nacogdoches, TX 75961	
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 Reimbursement for frisbee give aways at blueberry
		festival
0 Complete CNUV if direct	Condidate/Officeholder name	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held
·		
Date	Payee name	
02/13/2025	Watson, Diane	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$30.00	408 FM 2864	
Expenditure from corporate funds	Nacogdoches, TX 75964	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	- π. τ.	Check if Austin, TX, officeholder living expense
		Sign for NCRW monthly meetings
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught Office held
expenditure to benefit C/O	H	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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		ices Sal ruction Guide explains how		THER (enter a category not listed above)		
1 Total names Schedule E4:	Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 1/1 Rpt: 14/16	Nacogdoches County Republican Women			00016915		
4 CREDIT CARD ISSUER	Name of financial institution Cadance Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged	mount Charged (b) Date of Charge (c) Date(s) Credit Card Issue		r Paid		
Expenditure from corporate funds	\$37.03	01/15/2025	02/18/2025 03/17/2025 04/15/2025 05/15/2025			
7 PAYEE	(a) Payee name Intuit		(b) Payee address; City, State, Zip Code 2800 Commerence Center Place Tucson, AZ 85706			
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE X Political	(See Categories listed at the top of this schedule) Accounting/Banking		Monthly charge for accounting software Quicken			
Non-Political	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid		
Expenditure from corporate funds	\$266.64	04/23/2025				
PAYEE	(a) Payee name Constant Contact		(b) Payee address;	City, State, Zip Code		
			890 Winter St, Suite 300			
			Waltham, MA 02451			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Online email service for communicating with members.			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate/Officeholder name Office sought Office held					

SCHEDULE I

		The Instruction Guide explains how to	complete this form.	
		The methoden Culae explaine non to		
1	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics C	Commission Filers)
	Sch: 1/1 Rpt:	Nacogdoches County Republican Women	00016915	
4	Date	5 Payee name		
	04/24/2025	Centenary College of Louisianna		
6	Amount (\$)	7 Payee Address; City; State; Zip		
	1,000.00	2911 Centenary Blvd		
	Expenditure from corporate funds	Shreverport, LA 71104		
8	PURPOSE		(b) Description (See instructions regarding type of	information required.)
	OF EXPENDITURE	Gift/Awards/Memorials Expense	College Scholarship award	
	LA LABITORE			
	Date	Payee name		
	02/28/2025	TFRW		
Amount (\$)		Payee Address; City; State; Zip		
	25.00	PO Box 171146		
	Expenditure from corporate funds	Austin, TX 78717		
	PURPOSE		(b) Description (See instructions regarding type of	information required.)
	OF EXPENDITURE	Gift/Awards/Memorials Expense	Donation to Texas Federation of Rep hospitality fund	ublican Women

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME Filer ID (Ethics Commission Filers) Nacogdoches County Republican Women 00016915 8 Amount (\$) 5 Name of person from whom amount is received 06/09/2025 Francis L Dean \$116.55 6 Address of person from whom amount is received; City; State; Zip Code Fort Myers, FL 33907 Purpose for which amount is received Check if political contribution returned to filer Refund of Insurance Permium Amount (\$) Date Name of person from whom amount is received 06/30/2025 WIX.Com Ltd \$150.86 Address of person from whom amount is received; City; State; Zip Code Tel Aviv 6936025 Israel Purpose for which amount is received Check if political contribution returned to filer Refund from online web services