

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00015561	2 Total pages filed: 17	
3 COMMITTEE NAME Fort Bend Republican Women's Club PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7407 Rain Drop Ct Richmond, TX 77407			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Lois NICKNAME LAST SUFFIX Gremminger			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7407 Rain Drop Ct Richmond, TX 77407			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1910 Fawn Way Ct Richmond, TX 77406			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 924-9085			
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 Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Fort Bend Republican Women's Club PAC	13 Filer ID (Ethics Commission Filers) 00015561
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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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,072.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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.

Lois Gremminger

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME Fort Bend Republican Women's Club PAC		18 Filer ID (Ethics Commission Filers) 00015561
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,317.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,755.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 15,154.66
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 Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 04/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Traci <hr/> 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$304.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, William (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$220.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, William (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$123.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremminger, Lois (Ms.) <hr/> Contributor address; City; State; Zip Code Richmond, TX 77406	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 04/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenhower, Kim (Mrs.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/17
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Cindy <hr/> 6 Contributor address; City; State; Zip Code Sugar Land, TX 77498	7 Amount of Contribution (\$) \$460.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCutcheon, Carol <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions) n/a
Date 04/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Vincent (Mr.) <hr/> Contributor address; City; State; Zip Code Rosenberg, TX 77471	Amount of Contribution (\$) \$1,005.00
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Fort Bend County
Date 05/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robideau, Holly <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77478	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self-Employed
Date 06/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William, Ferguson (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479	Amount of Contribution (\$) \$1,005.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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 Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 Date 04/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wong, Daniel (Mr.) 6 Contributor address; City; State; Zip Code Missouri City, TX 77459	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) President & CEO		9 Employer (See Instructions) Tolunay-Wong Engineers, Inc.,

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2: Sch: 1/2 Rpt: 7/17	
2 FILER NAME Fort Bend Republican Women's Club PAC				3 Filer ID (Ethics Commission Filers) 00015561	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date 05/28/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Traci <hr/> 7 Contributor address; City; State; Zip Code Missouri City, TX 77459		8 Amount of contribution (\$) \$150.00	9 In-kind contribution description Silent Auction donation of Garden Party for (12). <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired			11 Employer (FOR NON-JUDICIAL) (See instructions) None		
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 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horgan, Maggy <hr/> Contributor address; City; State; Zip Code Sugar Land, TX 77479		Amount of contribution (\$) \$500.00	In-kind contribution description Silent Auction donation of (5) \$100 gift certificates to Houston Diamond & Beauty <hr/> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner			Employer (FOR NON-JUDICIAL) (See instructions) self-employed		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Alexis <hr/> Contributor address; City; State; Zip Code Richmond, TX 77407		Amount of contribution (\$) \$600.00	In-kind contribution description Silent Auction item: 3 night stay in Canyon Lake <hr/> <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-employed		
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: 2/2 Rpt: 8/17	
2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 05/28/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Kami (Dr.) 7 Contributor address; City; State; Zip Code Sugar Land, TX 77479	8 Amount of contribution (\$) \$505.00	9 In-kind contribution description Silent Auction donation: gift certificates for 60 min tuning fork, 90 min sound bowl, 90 min massage <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) self-employed	
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 05/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Delilah Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$) \$1,000.00	In-kind contribution description Silent Auction donation of (2) fully immersive children's fairytale photo session <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See instructions) Fairytale Photography	
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-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/9 Rpt: 9/17	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 01/02/2025	5 Payee name Club Express	
6 Amount (\$) 42.58 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee
Date 02/03/2025	Payee name Club Express	
Amount (\$) 42.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee
Date 03/03/2025	Payee name Club Express	
Amount (\$) 42.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee
Date 04/01/2025	Payee name Club Express	
Amount (\$) 44.12 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/01/2025	5 Payee name Club Express	
6 Amount (\$) 44.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee
Date 06/02/2025	Payee name Club Express	
Amount (\$) 44.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly software fee
Date 06/02/2025	Payee name Dees, Mackenzie	
Amount (\$) 625.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 14526 Joyce St Needville, TX 77461	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Scholarship	(b) Description (See instructions regarding type of information required.) College scholarship award Partial payment
Date 06/03/2025	Payee name Dees, Mackenzie	
Amount (\$) 625.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 14526 Joyce St Needville, TX 77461	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Scholarship	(b) Description (See instructions regarding type of information required.) College scholarship award Partial payment (2nd & final)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 03/13/2025	5 Payee name FBCGOP	
6 Amount (\$) 2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P. O. Box 461 Sugar Land, TX 77487	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Table purchase	(b) Description (See instructions regarding type of information required.) Lincoln Reagan Dinner table purchase
Date 01/07/2025	Payee name Greater Houston Council of FRW	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7941 Katy Freeway #272 Houston, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership fee
Date 06/04/2025	Payee name Icenhower, Kim	
Amount (\$) 34.64 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3019 Arrowhead Dr Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) reimbursement for Woman of the Year award
Date 06/02/2025	Payee name Kovar, Lillian (Miss)	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2222 Crescent Water Rosenberg, TX 77471	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Scholarship	(b) Description (See instructions regarding type of information required.) College scholarship award recipient (1st of 2 payments)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 06/03/2025	5 Payee name Kovar, Lillian (Miss)	
6 Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2222 Crescent Water Rosenberg, TX 77471	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Scholarship	(b) Description (See instructions regarding type of information required.) College scholarship award Partial payment (2nd & final)
Date 03/26/2025	Payee name Lojo Brothers Kwik Kopy	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 Industrial Blvd Suite 160 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) name tags
Date 04/04/2025	Payee name Lojo Brothers Kwik Kopy	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 Industrial Blvd Suite 160 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) name tags
Date 05/28/2025	Payee name Lojo Brothers Kwik Kopy	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 Industrial Blvd Suite 160 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Program for May Scholarship event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 01/28/2025	5 Payee name Los Gallitos	
6 Amount (\$) 723.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3385 Hwy 6 SugarLand, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Monthly membership meeting luncheon
Date 02/28/2025	Payee name Los Gallitos	
Amount (\$) 819.59 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3385 Hwy 6 SugarLand, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) monthly membership luncheon meeting
Date 03/28/2025	Payee name Los Gallitos	
Amount (\$) 726.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3385 Hwy 6 SugarLand, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Monthly membership luncheon meeting
Date 04/25/2025	Payee name Los Gallitos	
Amount (\$) 788.75 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3385 Hwy 6 SugarLand, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Monthly membership lunch meeting

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 05/20/2025	5 Payee name Prosperity Bank	
6 Amount (\$) 40.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 80 Sugar Creek Center Blvd Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Replacement debit card rush fee
Date 04/14/2025	Payee name Quicken	
Amount (\$) 100.67 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3760 Haven Avenue Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) annual subscription
Date 06/26/2025	Payee name Stryk, Debra	
Amount (\$) 134.29 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1005 Foster Dr. Richmond, TX 77469	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for silent auction donation for Reagan Lincoln Dinner (FBGOP)
Date 01/21/2025	Payee name Sugar Creek Country Club	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 420 Sugar Creek Blvd Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Downpayment for May Event

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 06/05/2025	5 Payee name Sugar Creek Country Club	
6 Amount (\$) 4,661.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 420 Sugar Creek Blvd Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) May Event/Scholarship final payment
Date 01/14/2025	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Snacks
Date 01/28/2025	Payee name TFRW	
Amount (\$) 620.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) members NFRW dues
Date 01/28/2025	Payee name TFRW	
Amount (\$) 155.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Membership fee	(b) Description (See instructions regarding type of information required.) TFRW members fee for year (31 people)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 01/28/2025	5 Payee name TFRW	
6 Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Annual service fee
Date 03/03/2025	Payee name TFRW	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) members dues to NFRW
Date 03/03/2025	Payee name TFRW	
Amount (\$) 15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) Member dues to TFRW
Date 04/22/2025	Payee name TFRW	
Amount (\$) 140.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) Member dues to NFRW

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 9/9 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 04/22/2025	5 Payee name TFRW	
6 Amount (\$) 35.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Dues	(b) Description (See instructions regarding type of information required.) member dues to TFRW
Date 01/31/2025	Payee name TFRW	
Amount (\$) 120.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 Hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Member dues	(b) Description (See instructions regarding type of information required.) NFRW portion of member dues (6 people)
Date 01/31/2025	Payee name TFRW	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US 183 hwy j4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Member dues	(b) Description (See instructions regarding type of information required.) TFRW portion of member annual dues (6 people)