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) 00081339 3 COMMITTEE NAME **OFFICE USE ONLY** Lost Pines Republican Women Date Received **ELECTRONICALLY FILED** 07/12/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 575 Date Hand-delivered or Date Postmarked Change of Address Bastrop, TX 78602 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Kaye NAME NICKNAME LAST **SUFFIX** Leidy STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1145 FM 812 STREET **ADDRESS** (Residence or Business) Cedar Creek, TX 78612 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1145 FM 812 MAILING **ADDRESS** Cedar Creek, TX 78612 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 308-8237 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary χ Other Runoff 06/30/2025 General Special None **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Lost Pines Republica	n Women		00081339	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this		B. Opposed		
report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS		O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR		
TOTALO	CONTRIBUTIONS N	IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	8,820.28
		DGES, LOANS, OR GUARANTEES OF LOANS)		0,020.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,664.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	17,432.86
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Mrs. Ka	ye Leidy	
		Signature of Car	mpaign Treasu	ırer
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
		, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

	3 of 23				
17 CO	MMITTE	(Ethics Com	mission Filers)		
Lost Pines Republican Women 00081339				(,
		E SUBTOTALS		Т	
	ME OF	SUBTO	TAL AMOUNT		
	IVIL OI				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,652.38
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	167.90
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	12,664.38
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1			
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/23		
2	FILER NAME Lost Pines R	epublican Women			3	Filer ID (Ethics Commission 00081339	on Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Bradford, Jessica (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$256.38		
_	Dringing! aggs	Cedar Creek, TX 78612	I o	Employer (Coo Instructions	<u></u>		
8	senior accou	pation / Job title (See Instructions) Int exeutive	9	Employer (See Instructions ARC Home Loans			
Date Full name of contributor out-of-state PAC (ID#:) Cook, Maurice (Mr.) Contributor address; City; State; Zip Code Smithville, TX 78957			Amount of Contribution (\$)	\$1,015.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Employer (See Instructions Bastrop County	<u> </u> 5)				
	Date 01/02/2025	Full name of contributor Kafel, Henry (Mr.) Contributor address; City; Sta Cedar Creek, TX 78612	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$2,100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/15/2025	Full name of contributor Kocian, Kristin (Mrs.) Contributor address; City; Sta Cedar Creek, TX 78612				Amount of Contribution (\$)	\$20.00
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Genex Services	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/18/2025 Kocian, Kristin (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612			Amount of Contribution (\$)	\$180.00		
	Principal occu RN	pation / Job title (See Instructions)		Employer (See Instructions Genex Services	5)		
			<u>'</u>				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/23		
2	FILER NAME Lost Pines R	epublican Women			3	Filer ID (Ethics Commission 00081339	ı Filers)
4	Date 02/21/2025 5 Full name of contributor		7	Amount of Contribution (\$)	\$35.00		
		Cedar Creek, TX 78612					
8	Principal occu RN	pation / Job title (See Instructions)	9	Employer (See Instructions Genex Services	5)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_ Kocian, Kristin (Mrs.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$45.00
	Principal occu	Cedar Creek, TX 78612 pation / Job title (See Instructions)		Employer (See Instructions	 - s)		
RN Genex Services							
Date Full name of contributor out-of-state PAC (ID# 01/15/2025 Spencer, Carol (Mrs.) Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$800.00	
		Cedar Creek, TX 78612					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 01/22/2025	Full name of contributor out-of-state PAC (ID#:_Spencer, Carol (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612				Amount of Contribution (\$)	\$20.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>. </u>		
	Date Full name of contributor out-of-state PAC (ID#:) 03/25/2025 Spencer, Carol (Mrs.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612			Amount of Contribution (\$)	\$70.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

TARY POLITICAL CONTRIBUTION	SCHEDULE A1	
uction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/23	
E Republican Women		3 Filer ID (Ethics Commission Filers) 00081339
Date 05/28/2025 5 Full name of contributor out-of-state PAC (ID#:) Spencer, Carol (Mrs.) 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$20.0
Cedar Creek, TX 78612		
cupation / Job title (See Instructions)	Employer (See Instructions retired	is)
Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 various donors under \$220, various donors under \$220 Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$4,091.0
cupation / Job title (See Instructions)	Employer (See Instructions	ls)
	Republican Women 5 Full name of contributor out-of-state PAC (ID#:_Spencer, Carol (Mrs.)) 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 upation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_various donors under \$220, various donor	Sepublican Women

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Lost Pines Republican Women 00081339 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 06/06/2025 Leidy, Kaye (Mrs.) \$167.90 Payment for Zoom 7 Contributor address; City; State; Zip Code subscription CEDAR CREEK, TX 78612 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) retired retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/16 Rpt: 8/23	Lost Pines Republican Women 00081339
4 Date	5 Payee name
04/22/2025	Amazon.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.09	440 Terry Ave. N.
- "	
Expenditure from corporate funds	Seattle, WA 98108
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
03/05/2025	Bastrop County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	433 Hwy 71 East
Ψ000.00	400 TWy 11 Euot
Expenditure from	B
corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
03/01/2025	Bastrop County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$1,287.09	433 Hwy 71 East
Ψ±,201.00	,
Expenditure from	Pactron TV 70002
corporate funds	Bastrop, TX 78602
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Venue, food
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1. Total pages Calculute 54	
1 Total pages Schedule F1: Sch: 2/16 Rpt: 9/23	2 FILER NAME Lost Pines Republican Women 3 Filer ID (Ethics Commission Filers) 00081339
4 Date	5. Dougo nomo
	5 Payee name
03/01/2025	Bastrop Guardian Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	3000 Hwy 71 West
Expenditure from	Destroy TV 70000
corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUBE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rent
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
•	
Date	Payee name
02/01/2025	Bastrop Guardian Storage
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$350.00	3000 Hwy 71 West
- Consorditure from	
Expenditure from corporate funds	Bastrop, TX 78602
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Data	Davies same
Date	Payee name
03/01/2025	Bastrop Guardian Storage
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	3000 Hwy 71 West
Expenditure from	B / TV 7000
corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Rent
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/16 Rpt: 10/23	Lost Pines Republican Women 00081339
4 Date	5 Payee name
04/01/2025	Bastrop Guardian Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$350.00	3000 Hwy 71 West
- Evpanditura from	
Expenditure from corporate funds	Bastrop, TX 78602
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Rent
	None
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/01/2025	Bastrop Guardian Storage
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	3000 Hwy 71 West
- Funanditura from	
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/01/2025	Bastrop Guardian Storage
Amount (\$)	Payee address; City; State; Zip Code
\$350.00	3000 Hwy 71 West
Expenditure from corporate funds	Bastrop, TX 78602
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
	Rent
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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 (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	above)
1 Total pages Schedule F1:	·	ission Filers)
Sch: 4/16 Rpt: 11/23	Lost Pines Republican Women 00081339	13310111111113)
4 Date	5 Payee name	
02/20/2025	Bradford, Jessica (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$34.15	158 Raptor Beak Way	
Expenditure from corporate funds	Cedar Creek, TX 78612	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Reimbursement for office supplies	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
03/25/2025	Bradford, Jessica (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$34.15	158 Raptor Beak Way	
Expenditure from corporate funds	Cedar Creek, TX 78612	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense Reimbursement for office supplies	
	Reimbursement for onice supplies	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
04/12/2025	Bradford, Jessica (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$22.41	158 Raptor Beak Way	
Evnanditura from		
Expenditure from corporate funds	Cedar Creek, TX 78612	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Reimbursement for office supplies	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiditure 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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/16 Rpt: 12/23	Lost Pines Republican Women 00081339
4 Date	5 Payee name
04/28/2025	Bradford, Jessica (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$49.09	158 Raptor Beak Way
Expenditure from corporate funds	Cedar Creek, TX 78612
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Reimbursement for office supplies
	Reimbursement for office supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/07/2025	Bradford, Jessica (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$24.54	158 Raptor Beak Way
Expenditure from corporate funds	Cedar Creek, TX 78612
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Reimbursement for office supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/08/2025	Bradford, Jessica (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$22.94	158 Raptor Beak Way
Expenditure from corporate funds	Cedar Creek, TX 78612
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
	Reimbursement for office expenses
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	·
Sch: 6/16 Rpt: 13/23	Lost Pines Republican Women 00081339
4 Date	5 Payee name
06/19/2025	Bradford, Jessica (Mrs.)
6 Amount (\$) \$130.00	7 Payee address; City; State; Zip Code158 Raptor Beak Way
Φ130.00	130 Rapioi Beak Way
Expenditure from corporate funds	Cedar Creek, TX 78612
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Reimbursement for mowing grounds
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Data	
Date	Payee name
05/28/2025	Carr, Wendy (Ms.)
Amount (\$)	Payee address; City; State; Zip Code
\$63.00	323 Kelley Rd
Expenditure from	
corporate funds	Bastrop, TX 78602
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Refund
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/06/2025	City of Bastrop
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	1311 Chestnut St
,	
Expenditure from corporate funds	Bastrop, TX 78612
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Venue deposit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
	White Commission

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees
Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 14/23	Lost Pines Republican Women 00081339
4	Date	5 Payee name
	01/31/2025	Flickr.com Mountain View C of C
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$77.66	67 E Evelyn Avenue #200
	Expenditure from corporate funds	Mountain View, CA 94041-1533
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Subscription
_		
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/20/2025	Funderburgh, Fred (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	P O Box 187036
	Expenditure from corporate funds	Austin, TX 78736
	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 Entertainment
		Lintertairinent
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	05/23/2025	Grand Hyatt Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$42.22	600 E Market St
	Expenditure from corporate funds	San Antonio, TX 78205
	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
		Planning walk-through
	0 1. 0	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	onponditure to benefit 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form.

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)

Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/16 Rpt: 15/23 Lost Pines Republican Women 00081339 4 Date Payee name 02/18/2025 HEB 6 Amount (\$) Payee address; City; State; Zip Code \$148.55 Hwy 71 Expenditure from Bastrop, TX 78602 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Food Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/03/2025 **IHS Landscaping** Amount (\$) Payee address; City; State; Zip Code \$275.00 P O Box 2055 Expenditure from Bastrop, TX 78602 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Mowing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/06/2025 Lake Bastrop South Shore Park Amount (\$) Payee address: City: State; Zip Code \$457.00 375 South Shore Rd

Forms provided by Texas Ethics Commission

Bastrop, TX 78602

Candidate/Officeholder name

Event Expense

(a) Category (See Categories listed at the top of this schedule)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

Office sought

(b) Description

Venue deposit

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Version V4.1.0.f10d0fd8

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 complete this form.
1 Total pages Schedule F1: Sch: 9/16 Rpt: 16/23	2 FILER NAME Lost Pines Republican Women 3 Filer ID (Ethics Commission Filers) 00081339
4 Date 05/05/2025	5 Payee name National Federation of Republican Women
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 124 N Alfred St
Expenditure from corporate funds	Alexandria, VA 22314
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Misc. expenses
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date 01/23/2025	Payee name Sam's Club
Amount (\$) \$383.51	Payee address; City; State; Zip Code 9900 S. IH 35 Frontage
Expenditure from corporate funds	Austin, TX 78745
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Food
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 02/20/2025	Payee name Spencer, Carol (Mrs.)
Amount (\$) \$220.25	Payee address; City; State; Zip Code 126 Brazos Dr.
Expenditure from corporate funds	Cedar Creek, TX 78612
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coat racks for clubhouse
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office 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

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: 10/16 Rpt: 17/23	Lost Pines Republican Women 00081339
4 Date	5 Payee name
06/30/2025	Squareup.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.02	1455 Market Square
Expenditure from corporate funds	San Francisco, CA 94103
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
	Merchant fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/10/2025	Stokes, Sandra (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$63.00	P O Box 549
Φ03.00	P O BOX 549
Expenditure from corporate funds	Bastrop, TX 78602
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
	Refund
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
04/15/2025	Stokes, Sandra (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$35.00	P O Box 549
- "	
Expenditure from corporate funds	Bastrop, TX 78602
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
LXI LIBITORE	Check if Austin, TX, officeholder living expense
	Refund
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
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

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

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

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: 11/16 Rpt: 18/23	Lost Pines Republican Women 00081339				
4 Date	5 Payee name				
01/20/2025	Storybook Food & Events				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,860.00	739 Old Potato Rd				
Expenditure from corporate funds	Paige, TX 78659				
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 Venue & food				
	Venue & roou				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
Date	Davies same				
	Payee name				
01/22/2025	T-Mobile USA				
Amount (\$)	Payee address; City; State; Zip Code				
\$50.00	3618 Factoria Blvd				
Expenditure from					
corporate funds	Bellvue, WA 98006				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense				
	Check if Austin, TX, officeholder living expense				
	Internet				
Complete ONLY if direct	Condidate/Officeholder name Office county				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
·					
Date	Payee name				
02/22/2025	T-Mobile USA				
Amount (\$)	Payee address; City; State; Zip Code				
\$50.00	3618 Factoria Blvd				
Expenditure from					
corporate funds	Bellvue, WA 98006				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Internet				
Complete Chill V if all a	Condidate/Officeholder name Office county				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
, ,					

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 com	plete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 12/16 Rpt: 19/23	Lost Pines Republican Women	00081339			
4 Date	5 Payee name	-			
03/22/2025	T-Mobile USA				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$50.00	3618 Factoria Blvd				
Expenditure from corporate funds	Bellvue, WA 98006				
8 PURPOSE		b) Description			
OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE		Check if Austin, TX, officeholder living expense			
		Internet			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held			
experientare to benefit 6/61	'				
Date	Payee name				
05/22/2025	T-Mobile USA				
Amount (\$)	Payee address; City; State; Zip Code	e			
\$50.00	3618 Factoria Blvd				
Expenditure from corporate funds	Bellvue, WA 98006				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE		Check if Austin, TX, officeholder living expense			
		Internet			
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	9	it Office field			
Date	Payee name				
05/20/2025	T-Mobile USA				
Amount (\$)	Payee address; City; State; Zip Code	e			
\$50.00	3618 Factoria Blvd				
Expenditure from					
corporate funds	Bellvue, WA 98006				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Internet			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sough	nt Office held			
expenditure to benefit C/O		- Cinoc nota			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	ical Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category The Instruction Guide explains how to complete this form.	not listed above)				
1 Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID (Ethics	Commission Filers)				
Sch: 13/16 Rpt: 20/23	B Lost Pines Republican Women 00081339					
4 Date	5 Payee name					
06/22/2025	T-Mobile USA					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$50.00	3618 Factoria Blvd					
Expenditure from	Pollygo WA 09006					
corporate funds	Bellvue, WA 98006					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	edule T				
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Sch Check if Austin, TX, officeholder living expense	cudic 1.				
	Internet					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	OH					
Date	Payee name					
05/05/2025	Texas Federation of Republican Women					
Amount (\$)	Payee address; City; State; Zip Code					
\$40.00	13740 N Hwy 183					
Expenditure from corporate funds	Austin, TX 78750					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Misc expenses Check if travel outside of Texas. Complete Sch	edule T.				
	Check if Austin, TX, officeholder living expense Misc Expenses					
	Inico Exponece					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OH					
Date	Payee name					
01/04/2025	Texas Federation of Republican Women					
Amount (\$)	Payee address; City; State; Zip Code					
\$507.50						
Ψ007.00	10140 WTWY 100					
Expenditure from corporate funds	Austin, TX 78750					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch					
EXI ENDITORE	Check if Austin, TX, officeholder living expense					
	Club reporting fees					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to co	wages/Contract Labor OTHER (enter a category not listed above) mplete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 14/16 Rpt: 21/23	Lost Pines Republican Women	00081339			
4 Date	5 Payee name				
02/25/2025	Texas Federation of Republican Women				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$253.00	13740 N Hwy 183				
Expenditure from					
corporate funds	Austin, TX 78750				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Club reporting fees				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/O	1				
Date	Payee name				
06/04/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$126.50	13740 N Hwy 183				
Expenditure from corporate funds	Austin, TX 78750				
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 Club reporting fees			
		Club reporting rees			
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held			
expenditure to benefit C/O		•			
Date	Payee name				
06/23/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$50.60	13740 N Hwy 183				
·	,				
Expenditure from corporate funds	Austin, TX 78750				
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.			
LXFLINDITORL		Check if Austin, TX, officeholder living expense			
		Club reporting fees			
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held			
expenditure to benefit C/Ol		gii. Oilioc ficia			

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officeholder/Politica Credit Card Payment	ll 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: 15/16 Rpt: 22/23	Lost Pines Republican Women 00081339	
4 Date	5 Payee name	
04/12/2025	Trump Burger	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$286.72	233 N Front Street	
Expenditure from corporate funds	Bellville, TX 77418	
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	
	Food	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
04/25/2025	UPS Store	
Amount (\$)	Payee address; City; State; Zip Code	_
\$13.39	600 E Market St	
\$13.39	000 E Market St	
Expenditure from corporate funds	San Antonio, TX 78205	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	
	Check if Austin, TX, officeholder living expense	
	Office supplies	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
06/05/2025	USPS	
Amount (\$)	Payee address; City; State; Zip Code	_
\$258.00	400 Main Street	
φ236.00	400 Main Street	
Expenditure from corporate funds	Bastrop, TX 78602	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Postage	
	F Uslaye	
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

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributing Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift. Committee Leg	dibeverage Expense /Awards/Memorials Expense al Services e Instruction Guide exp	Salaries/W	oense ages/Contract Labor	Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commissi	on Filers)
	Sch: 16/16 Rpt: 23/23		oublican Women			00081339	
4	Date	5 Payee name					
	02/20/2025	Wilson, Amber	(Mrs.)				
6	Amount (\$)	7 Payee address;	City;	State; Zip Co	le		
	\$400.00	253 Riverwood	l Drive				
	Expenditure from corporate funds	Bastrop, TX 78	3602				
8	PURPOSE	(a) Category (See C	ategories listed at the top of t	this schedule)	(b) Description		
	OF EXPENDITURE	Event Expense	9		ш	outside of Texas. Complete Schedule T.	
						n, TX, officeholder living expense	
					Reimburserr	nent of expenses	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeh	older name	Office sou	ht	Office held	