

# 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) 00085167	2 Total pages filed: 47
3 COMMITTEE NAME Leander Area Republican Women			<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 07/08/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 551  Leander, TX 78641		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Diane K. NICKNAME LAST SUFFIX Herrera		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court  Leander, TX 78641		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2204 Traditions Court  Leander, TX 78641		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (610) 585-7665		
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 04/24/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Leander Area Republican Women		<b>13 Filer ID</b> (Ethics Commission Filers) 00085167
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported Republican
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	
	<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,873.50
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,465.17
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 23,050.77
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mrs. Diane K. Herrera

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 47

<b>17 COMMITTEE NAME</b> Leander Area Republican Women		<b>18 Filer ID</b> 00085167	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	7,873.50
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	7,465.17
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/32 Rpt: 4/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiken, Sharlene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78630	<b>7</b> Amount of Contribution (\$)  \$105.00
<b>8</b> Principal occupation / Job title (See Instructions) Juvenile Case Mgr		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Jeff <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnold, Shari <hr/> Contributor address; City; State; Zip Code  Austin, TX 78750	Amount of Contribution (\$)  \$367.50
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashton, Anna <hr/> Contributor address; City; State; Zip Code  Taylor, TX 76574	Amount of Contribution (\$)  \$840.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, Donna <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/32 Rpt: 5/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla <hr/> <b>6</b> Contributor address; City; State; Zip Code  Round Rock, TX 78681	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodwin, Terry <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) HR Consultant		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/32 Rpt: 6/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$52.50
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonardi, Kathleen <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bownds, Ryan <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Assistant Distric Attorney		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bownds, Ryan <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Assistant Distric Attorney		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/32 Rpt: 7/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buhrman, Melanie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78731	<b>7</b> Amount of Contribution (\$)  \$210.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Alison <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$57.75
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cantrell, Lesa <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$367.50
Principal occupation / Job title (See Instructions) VP Resource Development		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carper, Sharon <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) nurse		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired RN		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/32 Rpt: 8/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chalupa, Patty <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired RN		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang for Leander <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chasey, Virginia <hr/> Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Baldev <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$39.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Baldev <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$84.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/32 Rpt: 9/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Baldev <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Faye <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Marketing/Self-Employed		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$80.00
Principal occupation / Job title (See Instructions) Marketing/Self-Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/32 Rpt: 10/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Crystle <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Marketing/Self-Employed		<b>9</b> Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Cathy <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired Xray Tech		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Cathy <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78633	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Retired Xray Tech		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coito, Jennifer <hr/> Contributor address; City; State; Zip Code  lakeway, TX 78734	Amount of Contribution (\$)  \$420.00
Principal occupation / Job title (See Instructions) author		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/32 Rpt: 11/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cosley, Irene <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowley, Stacy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Product Manager/Owner		Employer (See Instructions)
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Laura <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) PAC Leader/mom/sales and marketing		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/32 Rpt: 12/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Vicki <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78759	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBolt, Richard <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$73.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeSimone, Christine <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Attorney/ Accountant		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denhartog, Margaret <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denhartog, Margaret <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/32 Rpt: 13/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennett, Bambi <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Lou Ann <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning-Bostelman, Kay <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/32 Rpt: 14/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.50
<b>8</b> Principal occupation / Job title (See Instructions) Wilco Teen Court Coordinator		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Wilco Teen Court Coordinator		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ecklund, Kathy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Wilco Teen Court Coordinator		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejizu, Adora <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Healthcare admin		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ejizu-Gnuschke, Adora <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$57.75
Principal occupation / Job title (See Instructions) Healthcare Admin		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/32 Rpt: 15/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estill, Beckye <hr/> <b>6</b> Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	<b>7</b> Amount of Contribution (\$)  \$26.25
<b>8</b> Principal occupation / Job title (See Instructions) court clerk		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Michelle <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78664	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pauline <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Everett, Pauline <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garapati, Abhiram <hr/> Contributor address; City; State; Zip Code  Cedar park, TX 78613	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Businessman		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/32 Rpt: 16/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillespie, Jade <hr/> <b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78626	<b>7</b> Amount of Contribution (\$)  \$367.50
<b>8</b> Principal occupation / Job title (See Instructions) Executive Director		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Jennifer <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$21.00
Principal occupation / Job title (See Instructions) Legislative Chief of Staff		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Jenny <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/32 Rpt: 17/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Marty <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$26.25
<b>8</b> Principal occupation / Job title (See Instructions) retired- automation programming		<b>9</b> Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Marty <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) retired- automation programming		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Karen <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired accounting		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/32 Rpt: 18/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$26.25
<b>8</b> Principal occupation / Job title (See Instructions) business owner, financial software firm		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) business owner, financial software firm		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Andy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Andy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/32 Rpt: 19/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hold, Pam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78717	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Brenda <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Brenda <hr/> Contributor address; City; State; Zip Code  Belton, TX 76513	Amount of Contribution (\$)  \$210.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson, Bobbi <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 05/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ihnen, Kathy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$57.75
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/32 Rpt: 20/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ihnen, Kathy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$26.25
<b>8</b> Principal occupation / Job title (See Instructions) Retired Teacher		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ihnen, Kathy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ihnen, Kathy <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) pediatric physical therapist		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Donna <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) pediatric physical therapist		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/32 Rpt: 21/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Diana <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Diana <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Allison <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreimeyer, Virginia <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) Retired USAF & Professor		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/32 Rpt: 22/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Cynthia <hr style="border-top: 1px dotted black;"/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78630	<b>7</b> Amount of Contribution (\$)  \$36.75
<b>8</b> Principal occupation / Job title (See Instructions) County Comissioner		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Carine <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Dripping Springs, TX 78620	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Public Policy/Legislative Affairs		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Linda <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) business operations		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/32 Rpt: 23/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) business operations		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stacy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Contract Programmer/Data Analyst		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Stacy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Contract Programmer/Data Analyst		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Victoria <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired Ministry		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Victoria <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired Ministry		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/32 Rpt: 24/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGee, Victoria <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	<b>7</b> Amount of Contribution (\$)  \$52.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired Ministry		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Brenda <hr/> Contributor address; City; State; Zip Code  Granite Shoals, TX 78654	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Colleen <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Realtor		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Militello, Ron <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/32 Rpt: 25/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naizer, Nancy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Graphic Designer		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naizer, Nancy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired Graphic Designer		Employer (See Instructions)
Date 06/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Nancy <hr/> Contributor address; City; State; Zip Code  Austin, TX 78731	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neipert, Leslie <hr/> Contributor address; City; State; Zip Code  Round Rock, TX 78681	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/32 Rpt: 26/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired teacher		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Mary <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired teacher		Employer (See Instructions)
Date 05/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Jignesh <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennell, Donna <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pennell, Donna <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/32 Rpt: 27/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Dave <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) retired UPS		<b>9</b> Employer (See Instructions)
Date 04/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulver, Marie <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Cami <hr/> Contributor address; City; State; Zip Code  Jarrell, TX 76537	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Publisher		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78750	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/32 Rpt: 28/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn <b>6</b> Contributor address; City; State; Zip Code  Cedar Park, TX 78750	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Teacher		<b>9</b> Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$17.00
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Dr. Evelyn Contributor address; City; State; Zip Code  Liberty Hill, TX 78642	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Executive Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/32 Rpt: 29/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Anna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$42.00
<b>8</b> Principal occupation / Job title (See Instructions) small business owner		<b>9</b> Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sano, Wanda <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shelley <hr/> Contributor address; City; State; Zip Code  Lakeway, TX 78734	Amount of Contribution (\$)  \$157.50
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Stacy <hr/> Contributor address; City; State; Zip Code  Burnet, TX 78611	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Rep for Ellen Troxclair		Employer (See Instructions)
Date 05/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snell, Amy <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/32 Rpt: 30/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staudt, Edna <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78646	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Judge		<b>9</b> Employer (See Instructions)
Date 06/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stouse, Jayne <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$42.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurmond, Lelia <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurmond, Lelia <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78613	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) retired nurse		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trainor, Lucy <hr/> Contributor address; City; State; Zip Code  Driftwood, TX 78619	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/32 Rpt: 31/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 04/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$52.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired Teacher		<b>9</b> Employer (See Instructions)
Date 05/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Jennifer <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Toni <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired SLP		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/32 Rpt: 32/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$26.25
<b>8</b> Principal occupation / Job title (See Instructions) Retired Interior Decorator		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virissimo, Odette <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) Retired Interior Decorator		Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Charles <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78630	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Land Surveyor/Jesus Country Show		Employer (See Instructions)
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Chuck <hr/> Contributor address; City; State; Zip Code  Cedar Park, TX 78630	Amount of Contribution (\$)  \$32.00
Principal occupation / Job title (See Instructions) land surveyor/ Jesus Country Show		Employer (See Instructions)
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Alexandra <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$183.75
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/32 Rpt: 33/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Denise <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired Sr Clinical Research Assoc		<b>9</b> Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Denise <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired Sr Clinical Research Assoc		Employer (See Instructions)
Date 05/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)
Date 05/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Alyson <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$26.25
Principal occupation / Job title (See Instructions) research director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/32 Rpt: 34/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$10.50
<b>8</b> Principal occupation / Job title (See Instructions) JP Prec 2 Wilco		<b>9</b> Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wornardt, Rochelle <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) Staff - Terry Wilsons office		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeary, Kevin Patrick <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)
Date 04/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yelaun, Anna <hr/> Contributor address; City; State; Zip Code  Leander, TX 78641	Amount of Contribution (\$)  \$27.00
Principal occupation / Job title (See Instructions) State Director		Employer (See Instructions)
Date 06/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zadnichek, Celeste <hr/> Contributor address; City; State; Zip Code  Temple, TX 76502	Amount of Contribution (\$)  \$52.50
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/32 Rpt: 35/47
<b>2</b> FILER NAME Leander Area Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) chaudhari, Baldev <hr/> <b>6</b> Contributor address; City; State; Zip Code  Leander, TX 78641	<b>7</b> Amount of Contribution (\$)  \$31.50
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miles, brenda <hr/> Contributor address; City; State; Zip Code  Granite Shoals, TX 78654	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 06/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miles, brenda <hr/> Contributor address; City; State; Zip Code  Granite Shoals, TX 78654	Amount of Contribution (\$)  \$10.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/12 Rpt: 36/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 04/28/2025	<b>5</b> Payee name Amazon.com	
<b>6</b> Amount (\$) \$146.16  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/20/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$146.16  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Amazon.com		
Amount (\$) \$59.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/12 Rpt: 37/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/30/2025	<b>5</b> Payee name Amazon.com	
<b>6</b> Amount (\$) \$480.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name City of Leander	
Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 N. Brushy St.  Leander, TX 78641	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense booth
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/21/2025	Candidate/Officeholder name Facilities Resource Inc.	
Amount (\$) \$1,100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale  Leander, TX 78641	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/12 Rpt: 38/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/05/2025	<b>5</b> Payee name Facilities Resource Inc.	
<b>6</b> Amount (\$) \$907.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1641 Scottsdale  Leander, TX 78641	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event space
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Facilities Resource Inc.		
Amount (\$) \$907.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1641 Scottsdale  Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event space
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/24/2025	Candidate/Officeholder name Office sought Office held	
Payee name Greater Giving		
Amount (\$) \$23.86  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/12 Rpt: 39/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/29/2025	<b>5</b> Payee name Greater Giving	
<b>6</b> Amount (\$) \$2.05  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/23/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$29.39  <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving  Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$25.28  <input type="checkbox"/> Expenditure from corporate funds	Payee name Greater Giving  Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/12 Rpt: 40/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/08/2025	<b>5</b> Payee name Greater Giving	
<b>6</b> Amount (\$) \$9.75  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Greater Giving		
Amount (\$) \$24.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Greater Giving		
Amount (\$) \$47.09  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/12 Rpt: 41/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 06/20/2025	<b>5</b> Payee name Greater Giving	
<b>6</b> Amount (\$) \$27.88  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Greater Giving		
Amount (\$) \$42.76  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Greater Giving		
Amount (\$) \$24.98  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 935886  Atlanta, GA 31193	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense banking fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/12 Rpt: 42/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/16/2025	<b>5</b> Payee name Intuit	
<b>6</b> Amount (\$) \$37.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Intuit		
Amount (\$) \$37.31  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 E. Commerce Center Place  Tucson, AZ 85706	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense software
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Julie Saenz		
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4900 Irvine Ln  Del Valle, TX 78617	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/12 Rpt: 43/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/05/2025	<b>5</b> Payee name Mailchimp	
<b>6</b> Amount (\$) \$13.86  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000  Atlanta, GA 30308	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/03/2025	Candidate/Officeholder name Office sought Office held	
Date 06/03/2025	Payee name Mailchimp	
Amount (\$) \$13.86  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000  Atlanta, GA 30308	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/29/2025	Candidate/Officeholder name Office sought Office held	
Date 05/29/2025	Payee name Minuteman Press	
Amount (\$) \$16.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 715 Discovery Blvd #401  Cedar Park, TX 78613	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense nametags
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/12 Rpt: 44/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/20/2025	<b>5</b> Payee name PrintRunner	
<b>6</b> Amount (\$) \$84.21  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 8000 Haskell Ave.  Van Nuys, CA 91406	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense printing
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Salado Area Republican Women		
Amount (\$) \$320.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 373  Salado, TX 76571	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense event seating
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spare Time Texas		
Amount (\$) \$743.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1724 FM 685  Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/12 Rpt: 45/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/22/2025	<b>5</b> Payee name Spare Time Texas	
<b>6</b> Amount (\$) \$672.70  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1724 FM 685  Pflugerville, TX 78660	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Spare Time Texas		
Amount (\$) \$799.64  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1724 FM 685  Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Square		
Amount (\$) \$5.28  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600  San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/12 Rpt: 46/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
<b>4</b> Date 05/29/2025	<b>5</b> Payee name TFRW	
<b>6</b> Amount (\$) \$151.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717-0041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/01/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$126.50  <input type="checkbox"/> Expenditure from corporate funds	Payee name TFRW  Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/24/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$202.40  <input type="checkbox"/> Expenditure from corporate funds	Payee name TFRW  Payee address; City; State; Zip Code PO Box 171146  Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 12/12 Rpt: 47/47	<b>2</b> FILER NAME Leander Area Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00085167
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<b>4</b> Date 05/07/2025	<b>5</b> Payee name Weebly/Square
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<b>6</b> Amount (\$) \$30.91  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1455 Market Street Suite 600  San Francisco, CA 94103
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/06/2025	Payee name Weebly/Square
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Amount (\$) \$30.91  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 Market Street Suite 600  San Francisco, CA 94103
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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