FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055446 3 COMMITTEE NAME **OFFICE USE ONLY** San Patricio County Republican Women Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1222 Date Hand-delivered or Date Postmarked Change of Address Portland, TX 78374 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Donna NAME NICKNAME LAST **SUFFIX** Floerke STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7232 CR 3755 STREET **ADDRESS** (Residence or Business) Taft, TX 78390 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 66 MAILING **ADDRESS** Taft, TX 78390 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 290-8011 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| San Patricio County Re | publican Women | | 00055446 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | |
| | | B. Opposeu | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code. | | |
| | | Mrs. Don | na Floerke | |
| | | Signature of Car | mpaign Treasure | er |
| AFFIX NOTARY | STAMP / SEAL ABOVE | | | |
| | | , th | nis the | day |
| of | _, 20, to certify v | which, witness my hand and seal of office. | | |
| Signature of officer add | ministering oath | Printed name of officer administering oath | Title of office | er administering oath |

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

| | | | 3 of 17 |
|---------------------------|--|-----------------------------|----------------------------|
| 17 COMMITTE San Patrio | EE NAME cio County Republican Women | 18 Filer ID 00055446 | (Ethics Commission Filers) |
| | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION |)R | \$ |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ |
| 9. | SCHEDULE E: LOANS | | \$ |
| 10. | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ |
| 11. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ |
| 12. | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ |
| 13. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 14. X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ 4,304.59 |
| 15. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ 2,160.00 |
| | | | |
| | | | |
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | The Instruction Guide explains how to | complete this form. |
|----------------------------------|---|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/3 Rpt: 4/17 | San Patricio County Republican Women | 00055446 |
| 4 Date | 5 Payee name | |
| 01/31/2025 | Frost Bank | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | |
| 5.00 | P O. Box 1315 | |
| Expenditure from corporate funds | Houston, TX 77251-1315 | |
| 8 PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| OF | Fees | Online banking fee |
| EXPENDITURE | | |
| | | |
| Date | Payee name | |
| 02/28/2025 | Frost Bank | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 5.00 | P O. Box 1315 | |
| Expenditure from | | |
| corporate funds | Houston, TX 77251-1315 | |
| PURPOSE OF | | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE | Fees | Online Banking Fee |
| | | |
| Date | Payee name | |
| 01/29/2025 | IWA Scholarship | |
| Amount (\$) | Payee Address; City; State; Zip | |
| ` ' | 4301 Broadway St. | |
| 2,000.00 | | |
| Expenditure from corporate funds | San Antonio, TX 78209 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| OF EXPENDITURE | Gift/Awards/Memorials Expense | Scholarship fund for student |
| LAI LIIDITORE | | |
| | | |
| Date | Payee name | |
| 02/13/2025 | NorthShore Country Club | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 354.24 | 801 E. Broadway | |
| Expenditure from corporate funds | Portland, TX 78374 | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |
| OF EXPENDITURE | Food/Beverage Expense | Luncheon |
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Guide explains how to | complete this form. |
|---------------------------|---|--|
| 1 Total pages Schedule I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/3 Rpt: 5/17 | San Patricio County Republican Women | 00055446 |
| 4 Date | 5 Payee name | |
| 03/12/2025 | NorthShore Country Club | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | |
| 429.26 | 801 E. Broadway | |
| Expenditure from | B. H. J. TV 70074 | |
| corporate funds | Portland, TX 78374 | 4) |
| 8 PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) Luncheon meeting |
| EXPENDITURE | Toom Boverage Expense | Luncheon meeting |
| | | |
| Date | Payee name | |
| 04/14/2025 | NorthShore Country Club | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 205.66 | 801 E. Broadway | |
| Expenditure from | | |
| corporate funds | Portland, TX 78374 | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE | FOOU/Beverage Expense | Meeting luncheon |
| | | |
| Date | Payee name | |
| 05/19/2025 | NorthShore Country Club | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 309.22 | 801 E. Broadway | |
| Expenditure from | Devilered TV 70074 | |
| corporate funds | Portland, TX 78374 | (1) |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) Meeting lundheon |
| EXPENDITURE | 1 courbeverage Expense | Meeting fundineon |
| | | |
| Date | Payee name | |
| 06/12/2025 | NorthShore Country Club | |
| Amount (\$) | Payee Address; City; State; Zip | |
| 279.21 | 801 E. Broadway | |
| Expenditure from | | |
| corporate funds | Portland, TX 78374 | |
| PURPOSE OF | (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense | (b) Description (See instructions regarding type of information required.) |
| EXPENDITURE | Food/Beverage Expense | Meeting luncheon |
| | | |
| | 1 | |
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| | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| The Instruction Guide explains how to complete this form. | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| Sch: 3/3 Rpt: 6/17 | San Patricio County Republican Women 00055446 | | | | | | | |
| 4 Date | 5 Payee name | | | | | | | |
| 05/13/2025 | Portland Chamber of Commerce | | | | | | | |
| 6 Amount (\$) | 7 Payee Address; City; State; Zip | | | | | | | |
| 110.00 | 1512 Wildcat | | | | | | | |
| Expenditure from corporate funds | Portland, TX 78374 | | | | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Membership Dues | | | | | | | |
| Date | Payee name | | | | | | | |
| 04/14/2025 | TFRW | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 404.80 | 13740 N Hwy 183 Ste J4 | | | | | | | |
| Expenditure from | Austin, TX 78750-1832 | | | | | | | |
| corporate funds PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | | | | | |
| OF EXPENDITURE | Credit Card Payment Membership dues | | | | | | | |
| Date | Payee name | | | | | | | |
| 04/14/2025 | TFRW | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 20.20 | 13740 N. Hwy 183 Ste J4 | | | | | | | |
| Expenditure from corporate funds | Austin , TX 78750-1832 | | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | | | | | |
| OF EXPENDITURE | Fees Membership dues | | | | | | | |
| Date | Payee name | | | | | | | |
| 03/03/2025 | U. S. Postal Service | | | | | | | |
| Amount (\$) | Payee Address; City; State; Zip | | | | | | | |
| 182.00 | 120 LANG | | | | | | | |
| Expenditure from corporate funds | PORTLAND, TX 78374 | | | | | | | |
| PURPOSE | (a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.) | | | | | | | |
| OF EXPENDITURE | Office Overhead/Rental Expense Post Office Box rental | | | | | | | |
| | | | | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | • | ages Schedule K: /11 Rpt: 7/17 | |
|---|-----------------|---|----------|------|---------|-----------------------------------|---------|
| 2 | FILER NAME | | 3 | F | iler ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | 0 | 0055 | 446 | |
| 4 | Date 02/11/2025 | Name of person from whom amount is received Brown, Margaret Address of person from whom amount is received; City; State; Zip Code | | | | 8 Amount (\$) | \$40.00 |
| | | Portland, TX 78374 | | | | | |
| | | 7 Purpose for which amount is received | ooliti | ical | contr | ibution returned to filer | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 03/11/2025 | Brown, Margaret | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code Portland, TX 78374 | | | | | |
| | | | ooliti | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| F | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/08/2025 | Brown, Margaret | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | Purpose for which amount is received | ooliti | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| F | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/13/2025 | Brown, Margaret | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Dortland TV 79274 | | | | | |
| | | Portland, TX 78374 Purpose for which amount is received | a a liti | iool | contr | ibution returned to filer | |
| | | Luncheon | JUIILI | ICai | COIIII | ibution returned to filer | |
| ⊨ | D-1- | | | | | Α (Φ) | |
| | Date 06/10/2025 | Name of person from whom amount is received Brown, Margaret | | | | Amount (\$) | \$40.00 |
| | 00/10/2023 | Address of person from whom amount is received; City; State; Zip Code | | | | | Ψ+0.00 |
| | | Address of person from whom amount is received, Gity, State, Zip Code | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | <u> </u> | ooliti | ical | contr | ibution returned to filer | |
| L | | Luncheon | | | | | |
| | | | | | | | |

| L | | | | | | | |
|---|-----------------|---|----------------|------|----------|------------------------------------|----------------|
| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: 2/11 Rpt: 8/17 | |
| 2 | FILER NAME | | 3 | ; | Filer ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | | 00055 | | • |
| 4 | | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 02/11/2025 | FLOERKE, DONNA | | | | σ runount (φ) | \$40.00 |
| | 02/11/2023 | | | | | | Ψ40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | | | _ | | | |
| | | | Check if polit | tic | al cont | ribution returned to filer | |
| L | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 03/11/2025 | Floerke, Donna | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ••••• | •••• | | | |
| | | | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if polit | tic | al cont | ribution returned to filer | |
| | | Luncheon | oncon ii poiii | | | industrial results and | |
| H | | | | | | I | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | + 40 00 |
| | 04/08/2025 | Floerke, Donna | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | TAET TV 70000 | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | _ | Check if polit | tic | al cont | ribution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/13/2025 | Floerke, Donna | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | •••• | | | |
| | | | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if polit | tic | al cont | ribution returned to filer | |
| | | Luncheon | · | | | | |
| F | Data | Name of person from whom amount is received | | | | Amount (\$) | |
| | Date 03/11/2025 | Name of person from whom amount is received | | | | Amount (\$) | \$40.00 |
| | 03/11/2025 | GARCIA, APRIL | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | CINITON TV 70007 | | | | | |
| | | SINTON, TX 78387 | | | | | |
| | | _ | Check if polit | tic | al cont | ribution returned to filer | |
| L | | Luncheon | | | | | |
| | | | | | | | |
| ı | | | | | | | |

| | The Instru | ction Guide explains how to complete this form. | 1 | | • | ages Schedule K: | |
|---|-----------------|---|---------|------|--------|---------------------------|----------------|
| | | | | | | /11 Rpt: 9/17 | |
| 2 | FILER NAME | | | | | | ilers) |
| | | County Republican Women | <u></u> | | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | + 40.00 |
| | 04/08/2025 | GARCIA, APRIL | | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | CINTON TV 70207 | | | | | |
| | | SINTON, TX 78387 | | | | | |
| | | | olitio | cal | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/11/2025 | GILLESPIE, HOWARD | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | INCLECIDE TV 70363 | | | | | |
| | | INGLESIDE, TX 78362 | 1000 | | | 9 1. 61 | |
| | | Purpose for which amount is received | Olitic | cal | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/13/2025 | GILLESPIE, HOWARD | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | INGLESIDE, TX 78362 | | | | | |
| | | | olitic | ool. | oontr | ibution returned to filer | |
| | | Luncheon | OIILIC | Lai | COIIII | ibution returned to liler | |
| | <u> </u> | | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | #40.00 |
| | 06/10/2025 | Garcia, Israel | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Corpus Christi, TX 78411 | | | | | |
| | | <u> </u> | olitic | cal | contr | ibution returned to filer | |
| | | Luncheon | Ontic | cai | COILL | ibution returned to mer | |
| | Data | | | | | Α (Φ) | |
| | Date 06/10/2025 | Name of person from whom amount is received Garrett, Beverly | | | | Amount (\$) | \$40.00 |
| | 00/10/2023 | | | | | | Φ40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | | olitic | cal | contri | ibution returned to filer | |
| | | Luncheon | Jiitil | cui | CONTRI | isation returned to men | |
| | | <u> </u> | | | | | |
| | | | | | | | |

| L | | | | | | | |
|---|-----------------|---|----------------|---------|--------|-----------------------------|---------|
| | The Instru | ction Guide explains how to complete this form. | 1 | | | ges Schedule K: | |
| | THE HISTOR | cuon duide explains now to complete uns form. | | Scł | า: 4/: | 11 Rpt: 10/17 | |
| 2 | FILER NAME | | 3 | | | (Ethics Commission F | -ilers) |
| L | San Patricio | County Republican Women | | 000 |)554 | 146 | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 05/13/2025 | Gonzales, Ruben | | |] | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Odom TV 79270 | | | | | |
| | | Odem , TX 78370 | Ol I - if I i | | | hartina antaman di ta filan | |
| | | 7 Purpose for which amount is received | Check if polit | icai c | ontrii | bution returned to filer | |
| L | | | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 01/04/2025 | Hickey, Melanie | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Taft, TX 78390 | | | | | |
| | | _ | Chook if polit | ioal o | ontril | hution roturned to filer | |
| | | Membership Dues | Check ii polit | icai ci | OHUH | bution returned to filer | |
| ⊨ | | | | | | | |
| | Date 02/11/2025 | Name of person from whom amount is received | | | | Amount (\$) | \$40.00 |
| | 02/11/2025 | Hickey, Melanie | | | | | Φ40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Taft, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if polit | ical c | ontril | bution returned to filer | |
| | | Luncheon meal | | | | | |
| F | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 03/11/2025 | Hickey, Melanie | | | | \(\frac{1}{2}\) | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Taft, TX 78390 | | | | | |
| | | Purpose for which amount is received | Check if polit | ical c | ontril | bution returned to filer | |
| | | Luncheon | | | | | |
| F | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 04/08/2025 | Hickey, Melanie | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Taft, TX 78390 | | | | | |
| | | <u> </u> | Check if polit | ical c | ontril | bution returned to filer | |
| L | | Luncheon | | | | | |
| | | | | | | | |
| l | | | | | | | |

| | The Instru | ction Guide explains how to complete this form. | 1 | | pages Schedule K: 5/11 Rpt: 11/17 | |
|---|--------------|---|----------|---------|--------------------------------------|---------|
| 2 | FILER NAME | | 3 | Filer | ID (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | 0005 | 55446 | |
| 4 | Date | 5 Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 02/11/2025 | Luehring, Jo Ann | | | | \$40.00 |
| | 02,11,2020 | 6 Address of person from whom amount is received; City; State; Zip Code | | | | Ψ10.00 |
| | | Address of person from whom amount is received, City, State, Zip Code | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | | | | | |
| | | <u> </u> | politi | cal co | ntribution returned to filer | |
| | | Luncheon | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/11/2025 | MARKS, HEATHER | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ••••• | | | |
| | | | | | | |
| | | | | | | |
| | | PORTLAND, TX 78374 | | | | |
| | | Purpose for which amount is received Check if | politi | cal co | ntribution returned to filer | |
| | | Luncheon | | | | |
| | Date | Name of parcen from whom amount is received | | | Amount (\$) | |
| | 04/08/2025 | Name of person from whom amount is received MARKS, HEATHER | | | Amount (\$) | \$40.00 |
| | 04/06/2023 | | | | | Φ40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | PORTLAND, TX 78374 | | | | |
| | | | 1141 | | talle die en en troue en la file e | |
| | | Purpose for which amount is received | politi | cai coi | ntribution returned to filer | |
| | | Luncheon | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/10/2025 | MOORE, BEVERLY | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | PORTLAND, TX 78374 | | | | |
| | | Purpose for which amount is received | politi | cal co | ntribution returned to filer | |
| | | Luncheon | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 02/11/2025 | Matallanes, Diane | | | | \$40.00 |
| | | L | | | | , |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | | a a liki | ! | | |
| | | <u> </u> | politi | cai coi | ntribution returned to filer | |
| | | Luncheon | | | | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | ages Schedule K: 6/11 Rpt: 12/17 | |
|---|--------------|---|-------------|-----------|-------------------------------------|----------|
| 2 | FILER NAME | | 3 | Filer ID | (Ethics Commission I | Filers) |
| | San Patricio | County Republican Women | 5446 | | | |
| 4 | Date | 5 Name of person from whom amount is received | | | 8 Amount (\$) | |
| | 03/11/2025 | Matallanes, Diane | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | • | |
| | | , , , , , , , , , , , , , | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | 7 Purpose for which amount is received Check | if politic | cal cont | ribution returned to filer | |
| | | Luncheon | • | | | |
| = | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 04/08/2025 | Matallanes, Diane | | | Amount (Φ) | \$40.00 |
| | 0-1/00/2020 | I | | | | Ψ-10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | <u> </u> | if noliti | cal cont | I ribution returned to filer | |
| | | Luncheon | проши | cai com | indution returned to mer | |
| | | | | | T | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | . |
| | 05/13/2025 | Matallanes, Diane | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | | if politic | nal aant | lribution returned to filer | |
| | | Luncheon Crieck | п роши | cai conti | ribution returned to liler | |
| | | | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 06/10/2025 | Matallanes, Diane | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Portland, TX 78374 | | | | |
| | | I — | if polition | cal cont | ribution returned to filer | |
| | | Luncheon | | | | |
| | Date | Name of person from whom amount is received | | | Amount (\$) | |
| | 03/11/2025 | McCulloch, Lucy | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | ••••• | 1 | |
| | | | | | | |
| | | | | | | |
| | | Ingleside, TX 78362 | | | | |
| | | Purpose for which amount is received | if polition | cal cont | ribution returned to filer | |
| | | Luncheon | | | | |
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| L | | | | | | | |
|---|--------------|---|----------------------------|------|----------|-------------------------------------|---------------|
| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: //11 Rpt: 13/17 | |
| 2 | FILER NAME | | 3 | | Filer ID | (Ethics Commission F | ilers) |
| | San Patricio | County Republican Women | | | 00055 | | • |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| ľ | 05/13/2025 | McCulloch, Lucy | | | | | \$40.00 |
| | 03/13/2023 | | | | | | Ψ40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Ingleside, TX 78362 | | | | | |
| | | <u> </u> | | _ | | | |
| | | _ | Check if politi | ica | al conti | ribution returned to filer | |
| L | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 03/11/2025 | Moore, Beverly | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | ••••• | | | | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | Purpose for which amount is received | Check if politi | tica | al conti | ribution returned to filer | |
| | | Luncheon meeting | | | | | |
| H | Data | | | | | Δ == 0.1124 (Φ) | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | #40.00 |
| | 04/08/2025 | Moore, Beverly | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | <u> </u> | 01 1.77 127 | | | 3 | |
| | | Purpose for which amount is received Luncheon | Спеск іт роііті | IICa | ai conti | ribution returned to filer | |
| L | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/13/2025 | Moore, Beverly | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | 1 | |
| | | | | | | | |
| | | | | | | | |
| | | PORTLAND, TX 78374 | | | | | |
| | | Purpose for which amount is received | Check if politi | ica | al conti | ribution returned to filer | |
| | | Luncheon | | | | | |
| F | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 02/11/2025 | PULLIN, LESLIE | | | | | \$40.00 |
| | 02/11/2020 | | | | | | Ψ-10.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | TAFT, TX 78390 | | | | | |
| | | <u> </u> | Observation of the control | | -1 - 1 | distribution and the City | |
| | | <u> </u> | uneck if politi | IICa | ai conti | ribution returned to filer | |
| L | | Luncheon | | | | | |
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|---|--------------|----------|---|--------------|--------|------|---------|------------------------------------|---------|
| | The Instru | cti | on Guide explains how to complete this form. | | 1 | | | ages Schedule K: /11 Rpt: 14/17 | |
| 2 | FILER NAME | | | | 3 | F | iler ID | (Ethics Commission F | ilers) |
| | San Patricio | Сс | ounty Republican Women | | | 0 | 0055 | 446 | |
| 4 | Date | 5 | Name of person from whom amount is received | | | | | 8 Amount (\$) | |
| | 02/11/2025 | | Panek, Tina | | | | | , , | \$40.00 |
| | | 6 | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Portland, TX 78374 | | | | | | |
| | | 7 | Purpose for which amount is received | Check if I | ooliti | ical | contr | ibution returned to filer | |
| | | | Luncheon meal | | | | | | |
| H | Date | \vdash | Name of parcen from whom amount is received | | | | | Amount (¢) | |
| | 06/10/2025 | | Name of person from whom amount is received Panek, Tina | | | | | Amount (\$) | \$40.00 |
| | 00/10/2023 | ļ | | | | | | | Ψ40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | Portland, TX 78374 | | | | | | |
| | | H | Purpose for which amount is received | 7 Chock if | oditi | ical | contr | ibution returned to filer | |
| | | | Luncheon | T CHECK II I | JOIILI | icai | COIIII | ibution returned to filer | |
| | | | | | | | | <u> </u> | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 03/11/2025 | ļ | Pillack, Penny | | | | | | \$40.00 |
| | | | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | Agua Dulas, TV 70220 | | | | | | |
| | | L | Agua Dulce, TX 78330 | - | | | | | |
| | | | Purpose for which amount is received | _ Check if p | ooliti | ical | contr | ibution returned to filer | |
| | | | Luncheon | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 03/11/2025 | | Rivera, NORMA JEAN | | | | | | \$40.00 |
| | | l | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | L | Sinton, TX 78336 | | | | | | |
| | | | Purpose for which amount is received | Check if p | ooliti | ical | contr | ibution returned to filer | |
| | | | Luncheon meeting | | | | | | |
| | Date | | Name of person from whom amount is received | | | | | Amount (\$) | |
| | 02/11/2025 | | Seaman, Alana | | | | | | \$40.00 |
| | | ļ | Address of person from whom amount is received; City; State; Zip Code | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | Ingleside, TX 78392 | | | | | | |
| | | | Purpose for which amount is received | Check if | ooliti | ical | contr | ibution returned to filer | |
| | | | Luncheon | | | | | | |
| | | | | | | | | | |
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| | The Instru | ction Guide explains how to complete this form. | | | ages Schedule K: /11 Rpt: 15/17 | |
|---|----------------------------|--|------------------|------------|------------------------------------|---------|
| 2 | FILER NAME San Patricio | ILER NAME San Patricio County Republican Women 3 Filer ID 000554 | | | | Filers) |
| 4 | Date 03/11/2025 | Name of person from whom amount is received Seaman, Alana Address of person from whom amount is received; City; State; Zip Code | | | 8 Amount (\$) | \$40.00 |
| | | Ingleside, TX 78392 7 Purpose for which amount is received | neck if politic | cal contr | ibution returned to filer | |
| | Date 05/13/2025 | Name of person from whom amount is received Seaman, Alana Address of person from whom amount is received; City; State; Zip Code Ingleside, TX 78392 | | | Amount (\$) | \$40.00 |
| | | | neck if polition | cal contr | ibution returned to filer | |
| | Date 03/11/2025 | Name of person from whom amount is received Thormaehlen, Marcy Address of person from whom amount is received; City; State; Zip Code | | | Amount (\$) | \$40.00 |
| | | Taft, TX 78390 Purpose for which amount is received | neck if politic | cal contr | ibution returned to filer | |
| | Date 04/08/2025 | Name of person from whom amount is received Thormaehlen, Marcy Address of person from whom amount is received; City; State; Zip Code | | | Amount (\$) | \$40.00 |
| | | Taft, TX 78390 Purpose for which amount is received Ch | neck if politio | cal contri | ibution returned to filer | |
| | Date 02/11/2025 | Name of person from whom amount is received WILKINSON, LILLY Address of person from whom amount is received; City; State; Zip Code | | | Amount (\$) | \$40.00 |
| | | SINTON, TX 78387 Purpose for which amount is received Chancheon | neck if politio | cal contr | ibution returned to filer | |
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| | The Instru | ction Guide explains how to complete this form. | 1 | | | ages Schedule K: | |
|---|------------------------------------|---|----------|---------|-------|---------------------------|---------|
| | | | | S | ch: 1 | 0/11 Rpt: 16/17 | |
| 2 | FILER NAME | FILER NAME San Patricio County Republican Women 3 Filer ID 00055 | | | | • | ilers) |
| | San Patricio | | | | | 446 | |
| 4 | Date | 5 Name of person from whom amount is received | | | | 8 Amount (\$) | |
| | 03/11/2025 | WILKINSON, LILLY | | | | | \$40.00 |
| | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | SINTON, TX 78387 | | | | | |
| | | | f politi | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 06/10/2025 | WILKINSON, LILLY | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | SINTON, TX 78387 | | | | | |
| | | Purpose for which amount is received | f polit | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 01/06/2025 Woo-Haltresht, Roseanne | | | \$40.00 | | | |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | | f politi | ical | contr | ibution returned to filer | |
| | | 40.00 | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 05/13/2025 | Woo-Haltresht, Roseanne | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
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| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | <u> </u> | f polit | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
| | Date | Name of person from whom amount is received | | | | Amount (\$) | |
| | 06/10/2025 | Woo-Haltresht, Roseanne | | | | | \$40.00 |
| | | Address of person from whom amount is received; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Portland, TX 78374 | | | | | |
| | | | f polit | ical | contr | ibution returned to filer | |
| | | Luncheon | | | | | |
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|---|------------|---|---------|----------|--------------------------------------|---------|
| | The Instru | ction Guide explains how to complete this form. | 1 | | ages Schedule K: .1/11 Rpt: 17/17 | |
| 2 | FILER NAME | | 3 | Filer ID | (Ethics Commission | Filers) |
| l | | | | | 446 | |
| 4 | Date | | | | | |
| ľ | 02/11/2025 | ZAGORSKI, William | | | 8 Amount (\$) | \$40.00 |
| l | 02,11,2020 | | | | | Ψ10.00 |
| l | | 6 Address of person from whom amount is received; City; State; Zip Code | | | | |
| l | | | | | | |
| l | | Sinton, TX 78387 | | | | |
| l | | | olitic | al conti | Iribution returned to filer | |
| l | | Luncheon meeting | JOILLIC | ai com | ibution returned to mer | |
| ⊨ | | | | | 1 | |
| l | Date | Name of person from whom amount is received | | | Amount (\$) | |
| l | 03/11/2025 | ZAGORSKI, William | | | | \$40.00 |
| l | | Address of person from whom amount is received; City; State; Zip Code | | | | |
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| l | | Sinton, TX 78387 | | | | |
| l | | | olitic | al conti | ribution returned to filer | |
| | | Luncheon | | | | |
| Г | Date | Name of person from whom amount is received | | | Amount (\$) | |
| l | 05/13/2025 | ZAGORSKI, William | | | | \$40.00 |
| l | | Address of person from whom amount is received; City; State; Zip Code | | | | |
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| l | | Sinton, TX 78387 | | | | |
| l | | Purpose for which amount is received | olitic | al conti | ribution returned to filer | |
| l | | Luncheon | | | | |
| F | Date | Name of person from whom amount is received | | | Amount (\$) | |
| l | 06/10/2025 | ZAGORSKI, William | | | | \$40.00 |
| l | | Address of person from whom amount is received; City; State; Zip Code | | | | |
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| l | | Sinton, TX 78387 | | | | |
| l | | Purpose for which amount is received Check if p | olitic | al conti | ribution returned to filer | |
| l | | Luncheon | | | | |
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