#### 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) 355 00018802 3 COMMITTEE NAME **OFFICE USE ONLY** McLennan County Republican Women PAC Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 7291 Date Hand-delivered or Date Postmarked Change of Address Waco, TX 76710 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Frederick C. NAME NICKNAME LAST **SUFFIX** Tate STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Colleyville, TX 76034 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 290-7500 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)
McLennan County Rep	ublican Women PAC		00018802	
14 COMMITTEE ACTIVITY	1. 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		
	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)	\$	29,252.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	32,613.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	29,811.72
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Frede	rick C. Tate	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	_, 20, to certify \	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

#### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

				3 of 355
17 COMMITTI	EE NAME	18 Filer ID	(Ethics C	commission Filers)
McLennaı	n County Republican Women PAC	00018802		
	E SUBTOTALS		SUE	BTOTAL AMOUNT
NAME OF	SCHEDULE		<u> </u>	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	29,252.62
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	)R	\$		
5.	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	32,613.96
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/130 Rpt: 4/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	AC .		L	00018802	
4	Date 05/13/2025	<ul><li>5 Full name of contributor Aguirre, Jeff</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$56.00
8	Principal occu	Valley Mills, TX 76689 pation / Job title (See Instructions	5)	Employer (See Instructions			
Ü	Sheriff Cand		,,	Aguirre for Sheriff	٠,		
	Date 06/10/2025	Full name of contributor Agurie, Jeff Contributor address; City; S Valley Mills, TX 76689	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$56.00
_	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>                                      </u>		
	DA Investagator			McClennan County			
	Date 04/04/2025	Full name of contributor Alford, Dr. Millie Contributor address; City; S	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$29.48
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		
04/30/2025		Full name of contributor Alford, Dr. Millie Contributor address; City; S McGregor, TX 76657	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u> 		
	Date 03/04/2025	Full name of contributor Aman, Janine  Contributor address; City; S  Woodway, TX 76712	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	<u>.</u> S)		

	MONET	ARY POLITICAL CONTRIBI	UTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 2/130 Rpt: 5/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/28/2025	<ul> <li>Full name of contributor  out-of-state PA Aman, Janine</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Woodway, TX 76712 Dation / Job title (See Instructions)	9	Employer (See Instructions	     s)		
	Date 03/11/2025	Contributor address; City; State; Zip Code		Retired		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 02/28/2025	Full name of contributor out-of-state PA Anderson, Deborah  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 03/28/2025	Full name of contributor  out-of-state PA Anderson, Deborah  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions Retired	 s)		
	Date 04/03/2025	Full name of contributor out-of-state PA Anderson, Deborah  Contributor address; City; State; Zip Code  Waco, TX 76710	AC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 3/130 Rpt: 6/355	
2	FILER NAME McLennan C	ounty Republican Women PAC	<b>;</b>		3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 05/09/2025	<ul><li>5 Full name of contributor Anderson, Deborah</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:te; Zip Code	)	7	Amount of Contribution (\$)	\$29.48
_		Waco, TX 76710	1-		_		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/03/2025	Full name of contributor [ Anderson, Elisa  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$56.00
	<u> </u>	Woodway, TX 76712	1	5 1 (0 1 : "	<u></u>		
	Couselor	pation / Job title (See Instructions)		Employer (See Instructions Crossroads Mentors	5)		
	Date 02/26/2025	Full name of contributor  Anderson, Elisa  Contributor address; City; Stat	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$58.65
		Woodway, TX 76712					
	Principal occu Couselor	pation / Job title (See Instructions)		Employer (See Instructions Crossroads Mentors	s)		
02/26/2025 Ande		Full name of contributor Anderson, Elisa Contributor address; City; Stat Woodway, TX 76712	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$60.00
	Principal occu Couselor	pation / Job title (See Instructions)		Employer (See Instructions Crossroads Mentors	<u> </u> 5)		
	Date 03/28/2025	Full name of contributor Anderson, Elisa Contributor address; City; Stat Woodway, TX 76712	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Couselor	pation / Job title (See Instructions)		Employer (See Instructions Crossroads Mentors	5)		
			l .				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 4/130 Rpt: 7/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/04/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$29.48
_	Dringing Loon	Woodway, TX 76712	lo.	Employer (Coa Instruction	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s) 		
	Date 03/04/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$104.17
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Retired	,		Retired			
	Date 02/07/2025	Full name of contributor	ID#:			Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Judge (CCL3	pation / Job title (See Instructions) 3)		Employer (See Instructions McLennan County	5)		
	Date Full name of contributor out-of-state PAC (ID# 02/07/2025 Atkins, Pat  Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$20.83
	Principal occu Judge (CCL3	waco, TX 76712 pation / Job title (See Instructions)  3)		Employer (See Instructions McLennan County	<u>l</u> S)		
	Date 05/30/2025	Full name of contributor out-of-state PAC (I Atkins, Pat Contributor address; City; State; Zip Code Waco, TX 76712			•	Amount of Contribution (\$)	\$29.48
	Principal occu Judge (CCL3	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	5)		
	- 1		1	<u> </u>			

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 5/130 Rpt: 8/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 01/10/2025	<ul> <li>Full name of contributor  out-of-state PAC Averitt, Kathy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	- la	Employer (See Instructions	-, 		
Ü	Business Ov			Self Employed	·)		
	Date 01/14/2025	Full name of contributor out-of-state PAC Averitt, Kathy  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
				Employer (See Instructions Self Employed	5)		
	Date 04/04/2025	Full name of contributor out-of-state PAC Averitt, Kathy Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	5)		
	Date Full name of contributor out-of-state PAC 02/07/2025 Ballew, Denise  Contributor address; City; State; Zip Code  Hewitt, TX 76643			)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC Barron, Kimberly  Contributor address; City; State; Zip Code  China Spring, TX 76633		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 6/130 Rpt: 9/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/07/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Bauer, Judy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	     s)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#: Bauer, Judy  Contributor address; City; State; Zip Code  Waco, TX 76710		Retired		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Bauer, Judy  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$62.50
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Bauer, Judy  Contributor address; City; State; Zip Code  Waco, TX 76710		Retired		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#: Bauer, Judy  Contributor address; City; State; Zip Code  Waco, TX 76710			•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to c	complete this form	n.	1	Total pages Schedule A1: Sch: 7/130 Rpt: 10/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 05/02/2025	Bauer, Judy	ut-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired			Retired	,		
	Date 05/28/2025	Full name of contributor on the sauer, Judy  Contributor address; City; State; Z	ut-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/03/2025	Full name of contributor on the sauer, Judy  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/14/2025	Full name of contributor o Beach, Charles Contributor address; City; State; Z Waco, TX 76714	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu System Adm	pation / Job title (See Instructions)		Employer (See Instructions US House of Represent		/es	
	Date 01/10/2025	Full name of contributor on the search, Charles (Chuck)  Contributor address; City; State; Z  Waco, TX 76714	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
		pation / Job title (See Instructions)		Employer (See Instructions		voc.	_
	System Adm	แแรน สเบเ		US House of Represent	all\	<del>/CS</del>	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	otal pages Schedule A1: sch: 8/130 Rpt: 11/355	
2	FILER NAME		_		1	iler ID (Ethics Commission	Filers)
	McLennan C	ounty Republican Women PA	C 		—	0018802	
4	Date 01/31/2025	<ul><li>5 Full name of contributor Beach, Chuck</li><li>6 Contributor address; City; States</li></ul>	out-of-state PAC (ID#:	)	7 A	mount of Contribution (\$)	\$29.48
		Waco, TX 76714					
8	Principal occu	pation / Job title (See Instructions	) !	9 Employer (See Instructions	<u>I</u> s)		
	Administrato		,	US House of Represent		S	
	Date	Full name of contributor	out-of-state PAC (ID#:		ΙΔ	mount of Contribution (\$)	
	03/07/2025	Beach, Chuck	Under of state PAC (ID#	J		inount of Contribution (4)	\$29.48
	03/01/2023		ata: Zin Cada				Ψ23.40
		Contributor address; City; St	ate; Zip Code				
		Waco, TX 76714					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	Administrator US H		US House of Represent	tative	S		
	Date Full name of contributor Out-of-state PAC (I		out-of-state PAC (ID#:	)	ΙΑ	mount of Contribution (\$)	
	04/03/2025	Beach, Chuck				(.,	\$29.48
		Contributor address; City; State; Zip Code					
		, ,,	. ,				
		Waco, TX 76714					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions			
	Administrato	r		US House of Represent	tative	S	
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Α	mount of Contribution (\$)	
	04/30/2025	Beach, Chuck					\$29.48
		Contributor address; City; St	ate; Zip Code		1		
		Waco, TX 76714					
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Administrato	r		US House of Represent	tative	S	
	Date	Full name of contributor	out-of-state PAC (ID#:		Α	mount of Contribution (\$)	
	06/02/2025	Beach, Chuck					\$29.48
		Contributor address; City; St	ate; Zip Code		1		
		Waco, TX 76714					
		pation / Job title (See Instructions	)	Employer (See Instructions			
	Administrato	r 		US House of Represent	tative	S	

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	o complete this form	n.	1	Total pages Schedule A1: Sch: 9/130 Rpt: 12/355	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 01/04/2025	5 Full name of contributor Bedard, Maria 6 Contributor address; City; Stat	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 03/04/2025	Full name of contributor  Bedard, Maria  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$29.48
	D: : 1	Waco, TX 76712			_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/02/2025	Full name of contributor  Bennett, Alan  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$58.65
		Waco, TX 76712					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sheehy, Lovelace & Ma		eld, P	
	Date 01/01/2025	Full name of contributor  Blomquist, Mark  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$104.48
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> 5)		
	Date 01/05/2025	Full name of contributor  Borden, Lee  Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$58.65
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Baylor Colle			Baylor College Medicine			

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	lete this forr	n.	1	Total pages Schedule A1: Sch: 10/130 Rpt: 13/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 01/06/2025	<ul> <li>Full name of contributor  out-of-star  out-o</li></ul>		)	7	Amount of Contribution (\$)	\$260.73
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	) (3)		
	Retired	(		Retired	,		
	Date 01/09/2025	Bottenfield, Linda		)		Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occupation / Job title (See Instructions) Employer (See Inst Substitute Teacher MISD			Employer (See Instructions MISD	5)		
	Date 01/10/2025	Full name of contributor out-of-sta  Bottenfield, Linda  Contributor address; City; State; Zip Code	ate PAC (ID#:			Amount of Contribution (\$)	\$104.48
	Principal occur	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	·/_		
	Substitute Te			MISD	)		
	Date Full name of contributor out-of-state PAC (ID# 01/14/2025 Bottenfield, Linda			)		Amount of Contribution (\$)	\$62.50
	Principal occu Substitute Te	Lorena, TX 76655 pation / Job title (See Instructions) pacher		Employer (See Instructions	<u> </u> 5)		
	Date 02/03/2025	Bottenfield, Linda				Amount of Contribution (\$)	\$29.48
	Principal occu Substitute Te	pation / Job title (See Instructions) eacher		Employer (See Instructions MISD	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 11/130 Rpt: 14/355	
2	FILER NAME McLennan C	County Republican Women PA	.C			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/06/2025	<ul><li>5 Full name of contributor Bottenfield, Linda</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655						
8	Principal occu Substitute Te	pation / Job title (See Instructions eacher	(i)	9	Employer (See Instructions MISD	5)		
	Date 04/04/2025	Full name of contributor Bottenfield, Linda Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions	<u>)</u>		Employer (See Instructions	<u>:)</u>		
	Substitute Te		,		MISD	"		
	Date 06/05/2025	Full name of contributor Bottenfield, Linda Contributor address; City; Si	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655						
	Principal occu Substitute Te	pation / Job title (See Instructions eacher	) 		Employer (See Instructions MISD	s) 		
	Date 01/09/2025	Full name of contributor Boyd, Patricia Contributor address; City; Si Waco, TX 76712	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 01/03/2025	Full name of contributor Braden, Janet Contributor address; City; Si Crawford, TX 76638	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	ON	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 12/130 Rpt: 15/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/30/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$29.48
0	Dringing aggu	Crawford, TX 76638	٦,	Employer (See Instructions	,, 		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 05/29/2025	Full name of contributor out-of-state PAC (ID# Braden, Janet  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Crawford, TX 76638					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#Branson, Jenny Contributor address; City; State; Zip Code	:			Amount of Contribution (\$)	\$28.00
		Waco., TX 76707					
	Principal occu Lawyer/Adm	pation / Job title (See Instructions) in		Employer (See Instructions Baylor Law	5)		
	Date 01/01/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$41.67
	Principal occu Lawyer/Adm	waco., TX 76707 pation / Job title (See Instructions) in		Employer (See Instructions Baylor Law	<u> </u> ;)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#Brooks, Evelyn Contributor address; City; State; Zip Code Frisco, TX 75036				Amount of Contribution (\$)	\$28.00
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
			1				

	MONET	ARY POLITICAL C	CONTRIBUTIO	N:	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm	1.	1	Total pages Schedule A1: Sch: 13/130 Rpt: 16/355	
2	FILER NAME McLennan C	ounty Republican Women PA	С			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/14/2025	<ul><li>5 Full name of contributor Brooks, Evelyn</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code			7	Amount of Contribution (\$)	\$20.00
•	Dringing Lagge	Frisco, TX 75036	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	Employer (Coo Instructions			
8	Educator	pation / Job title (See Instructions	)		Employer (See Instructions Self-Employed	·)		
	Date 04/01/2025	Full name of contributor Brown, Keith  Contributor address; City; St			)		Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76715 pation / Job title (See Instructions	)		Employer (See Instructions	<u> </u>		
	Retired Retired		Retired					
	Date 01/06/2025	Full name of contributor Brubaker, Loretta Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	()		
	Date 01/06/2025	Full name of contributor Brubaker, Loretta  Contributor address; City; St  Woodway, TX 76712	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	<u> </u>		
	Date 01/08/2025	Full name of contributor Butler, Pamela Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$29.48
	Principal occu Owner	pation / Job title (See Instructions	)		Employer (See Instructions Woody Butler Homes	()		
			1					

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 14/130 Rpt: 17/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 02/03/2025	<ul> <li>Full name of contributor  out-of-state PAC (II Butler, Pamela</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$29.48
_		Waco, TX 76710	- 1-				
8	Owner	pation / Job title (See Instructions)	9	Employer (See Instructions Woody Butler Homes	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (I Butler, Pamela Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$29.48
	Dringinal accu	Waco, TX 76710 pation / Job title (See Instructions)	_	Employer (See Instructions	<u>''</u>		
	Owner	oation / Job title (See instructions)		Woody Butler Homes	·)		
	Date 04/02/2025	Full name of contributor out-of-state PAC (II Butler, Pamela Contributor address; City; State; Zip Code	D#:	)	•	Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Woody Butler Homes	5)		
	Date 05/06/2025	Full name of contributor out-of-state PAC (II Butler, Pamela Contributor address; City; State; Zip Code Waco, TX 76710		)	•	Amount of Contribution (\$)	\$29.48
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Woody Butler Homes	<u>                                      </u>		
	Date 06/05/2025	Full name of contributor out-of-state PAC (I Butler, Pamela Contributor address; City; State; Zip Code Waco, TX 76710				Amount of Contribution (\$)	\$29.48
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions Woody Butler Homes	5)		
			ı				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 15/130 Rpt: 18/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/26/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$58.65
_	Dringing Loon	Lorena, TX 76655	۱,	Employer (See Instructions	<u>, ,                                   </u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_ Byers, Helen Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Deire sin al access	Lorena, TX 76655	_	Faralagae (Octobration			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_Byers, Helen  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$56.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Byers, Helen Contributor address; City; State; Zip Code  Lorena, TX 76655		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_Byers, Helen  Contributor address; City; State; Zip Code  Lorena, TX 76655				Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	ons	SCHEDULE A	1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/130 Rpt: 19/355	
2	FILER NAME McLennan C	County Republican Women PAC			3 Filer ID (Ethics Commission Filer 00018802	rs)
4	Date 01/06/2025	<ul><li>5 Full name of contributor [ Caronia, Tyler</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_ te; Zip Code		7 Amount of Contribution (\$) \$2	28.00
		Lorena, TX 76655				
8		pation / Job title (See Instructions) duler/Field Coordinator		9 Employer (See Instructions US House of Represent		
	Date 02/07/2025	Full name of contributor [ Caronia, Tyler  Contributor address; City; Sta  Lorena, TX 76655	out-of-state PAC (ID#:_ te; Zip Code	)	Amount of Contribution (\$)	56.00
		pation / Job title (See Instructions)		Employer (See Instructions US House of Represent		
	Date 01/16/2025	Full name of contributor  Carson, Michele  Contributor address; City; Sta	out-of-state PAC (ID#:_ te; Zip Code		Amount of Contribution (\$)	62.50
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	1	Employer (See Instructions		
	Retired	patient, cos title (coe metadione)		Retired		
	Date 01/16/2025	Full name of contributor  Carson, Ron  Contributor address; City; Sta  Woodway, TX 76712		)	Amount of Contribution (\$)	04.48
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i ;)	
	Date 02/03/2025	Full name of contributor  Carson, Ron  Contributor address; City; Sta  Woodway, TX 76712	out-of-state PAC (ID#:_ te; Zip Code		Amount of Contribution (\$)	58.65
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	;)	

	MONEI	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 17/130 Rpt: 20/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PAC	<u> </u>			00018802	
4	Date 03/11/2025	<ul><li>5 Full name of contributor Carter, Marisol</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$40.00
•	Principal occu	Temple, TX 76502 pation / Job title (See Instructions)	I o	Employer (See Instructions			
0	Private Even		9	Baylor Club	)		
	Date 05/30/2025	Full name of contributor Casady, Cori Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
	Dringing con	waco, TX 76701 pation / Job title (See Instructions)		Employer (See Instructions	<u></u>		
		ons Manager		PregnancyCare.org	)		
	Date		7	Tregnancy care.org		Amount of Contribution (A)	
	02/07/2025	Full name of contributor  Casey, Wayne  Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code			Amount of Contribution (\$)	\$28.00
		Lorena, TX 76655-3145					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>.                                    </u>		
	Press upgrad			Self			
	Date 03/07/2025	Full name of contributor  Casey, Wayne  Contributor address; City; State  Lorena, TX 76655-3145	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$58.65
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Press upgrad	des/repair		Self			
	Date 04/04/2025	Full name of contributor  Casey, Wayne  Contributor address; City; Stat  Lorena, TX 76655-3145	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$29.48
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Press upgrad			Self			

	MONET	ARY POLITICAL CON	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to c	complete this forr	n.	1	Total pages Schedule A1: Sch: 18/130 Rpt: 21/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/09/2025	5 Full name of contributor ocasey, Wayne	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$58.65
_		Lorena, TX 76655-3145		5 1 (0 1 1 "			
8	Principal occur Press upgrad	pation / Job title (See Instructions) des/repair	9	Employer (See Instructions Self	i)		
	Date 06/06/2025	Full name of contributor ocasey, Wayne  Contributor address; City; State; Z				Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655-3145					
	Principal occup	pation / Job title (See Instructions) des/repair		Employer (See Instructions Self	<b>(</b> )		
	Date 01/31/2025	Full name of contributor ocastillo, Patty  Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 01/31/2025	Full name of contributor of castillo, Patty  Contributor address; City; State; Z  Woodway, TX 76712		)		Amount of Contribution (\$)	\$52.40
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/09/2025	Full name of contributor of Castillo, Patty  Contributor address; City; State; Z  Woodway, TX 76712	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$31.56
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			·				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 19/130 Rpt: 22/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/11/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$10.73
0	Dringing aggr	Woodway, TX 76712	lo.	Employer (See Instruction	<u>,,</u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_Castillo, Patty  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$250.00
	Dringinal accu	Woodway, TX 76712		Employer (See Instructions	·/-		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	·)		
	Date 02/28/2025	Full name of contributor out-of-state PAC (ID#:_ Castillo, Patty  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#:_ Castillo, Patty  Contributor address; City; State; Zip Code  Woodway, TX 76712		)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_Castillo, Patty  Contributor address; City; State; Zip Code  Woodway, TX 76712				Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 20/130 Rpt: 23/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/05/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$28.00
8	Principal occur	Woodway, TX 76712	la.	Employor (Soo Instructions	", 		
0	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	·)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID# Cates, Eleanor  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$28.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 01/04/2025	Full name of contributor out-of-state PAC (ID# Cates, Eleanor  Contributor address; City; State; Zip Code	t:	)		Amount of Contribution (\$)	\$52.40
		Lorena, TX 76655					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID# Cates, Eleanor  Contributor address; City; State; Zip Code  Lorena, TX 76655		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID# Cates, Eleanor  Contributor address; City; State; Zip Code  Lorena, TX 76655		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 21/130 Rpt: 24/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	a	Employer (See Instructions	;) 		
Ü	Retired	pation / 300 title (See Instituctions)		Retired	)		
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#:_ Cates, Eleanor Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_ Cates, Eleanor  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Cates, Linda  Contributor address; City; State; Zip Code  Woodway, TX 76712		)		Amount of Contribution (\$)	\$41.67
	Principal occu Attorney/Edu	pation / Job title (See Instructions)		Employer (See Instructions Baylor	<u>l</u> 5)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Cates, Linda  Contributor address; City; State; Zip Code  Woodway, TX 76712				Amount of Contribution (\$)	\$1.67
	Principal occu Attorney/Edu	pation / Job title (See Instructions)		Employer (See Instructions Baylor	;)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 22/130 Rpt: 25/355	
2	FILER NAME McLennan C	ounty Republican Women PA	.C			3	Filer ID (Ethics Commission 00018802	Filers)
4		5 Full name of contributor Chandler, Tanya	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$5.00
		Waco, TX 76708						
8	Principal occu Retired	pation / Job title (See Instructions	) [9		Employer (See Instructions Retired	s)		
	Date 01/04/2025	Full name of contributor Clayton, Nancy Sue Contributor address; City; St			)		Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	)		Employer (See Instructions	 ;)		
	Retired				Retired			
	Date 02/06/2025	Full name of contributor Clayton, Nancy Sue Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76710						
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 03/04/2025	Full name of contributor Clayton, Nancy Sue Contributor address; City; St Waco, TX 76710			)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 03/28/2025	Full name of contributor Clayton, Nancy Sue Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	<b>.</b> (s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	)NS			SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 23/130 Rpt: 26/355	
2	FILER NAME					3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	C				00018802	
4	Date 02/06/2025	<ul><li>5 Full name of contributor Closs, Ace</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$29.48
		Waco, TX 76710						
8	Principal occu Business Ow	pation / Job title (See Instructions	)		imployer (See Instructions	<u>(</u>		
	Date 06/06/2025	Full name of contributor Cockle, Susie Contributor address; City; St Woodway, TX 76712	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$29.48
	Principal occu	pation / Job title (See Instructions	)	E	mployer (See Instructions	<u> </u>		
	Retired			F	Retired			
	Date 03/06/2025	Full name of contributor Coker, Kathy Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$28.00
		Waco, TX 76705						
	Principal occu Retired	pation / Job title (See Instructions	)		imployer (See Instructions	5)		
	Date 02/27/2025	Full name of contributor Coldwell, Colene Contributor address; City; St Lorena, TX 76655	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions	)		imployer (See Instructions Retired	<u>l</u> 5)		
	Date 02/21/2025	Full name of contributor Combs, Connie Contributor address; City; St Waco, TX 76705	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions			mployer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N:	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 24/130 Rpt: 27/355	
2	FILER NAME McLennan C	ounty Republican Women PA	С			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/01/2025	5 Full name of contributor Console, Nikki	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$58.65
_	Duinning Langu	Hewitt, TX 76643	\		Emanda yan (Can Janku akin na			
8	Retired	pation / Job title (See Instructions	9		Employer (See Instructions Retired	5)		
	Date 03/02/2025	Full name of contributor Console, Nikki Contributor address; City; St			)		Amount of Contribution (\$)	\$58.65
	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions	1		Employer (See Instructions	.)		
	Retired	pation / vob title (See moracions	,		Retired	')		
	Date 03/27/2025	Full name of contributor Console, Nikki Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$58.65
		Hewitt, TX 76643						
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	()		
05/05/2025 Console, Nikki  Contributor address; City; State; Zip Code		out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$58.65	
	Principal occu Retired	Hewitt, TX 76643 pation / Job title (See Instructions	)		Employer (See Instructions	5)		
	Date 05/12/2025	Full name of contributor Console, Nikki Contributor address; City; St	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$37.81
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	()		
			<u>,                                      </u>					

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 25/130 Rpt: 28/355	
2	FILER NAME McLennan C	ounty Republican Women PA	C		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/13/2025	5 Full name of contributor Console, Nikki	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$57.00
_	Dringing Loon	Hewitt, TX 76643	I <sub>0</sub>	Employer (Con Instructions	_		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 05/30/2025	Full name of contributor Console, Nikki Contributor address; City; Sta				Amount of Contribution (\$)	\$58.65
	Principal occur	Hewitt, TX 76643 pation / Job title (See Instructions)		Employer (See Instructions	-, 		
	Retired	pation / oob title (Gee motifications)		Retired	',		
	Date 04/03/2025	Full name of contributor Coomes, Stella Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 02/21/2025		Full name of contributor Cooper, Melisa Contributor address; City; Sta		)		Amount of Contribution (\$)	\$41.67
	Principal occu Business Ow	Crawford, TX 76638 pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	<u> </u> ;)		
	Date 02/05/2025	Full name of contributor Crevier, Sandra Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S 		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 26/130 Rpt: 29/355	
2	FILER NAME McLennan C	County Republican Women PA	vC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 02/11/2025	<ul><li>5 Full name of contributor Crevier, Sandra</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$100.00
		Waco, TX 76708						
8	Principal occu Retired	pation / Job title (See Instructions	(9)	9	Employer (See Instructions Retired	s)		
	Date 04/01/2025	Full name of contributor Crevier, Sandra  Contributor address; City; Si	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$29.48
	Waco, TX 76708  Principal occupation / Job title (See Instructions)  Employer (See Instruction					=,		
	Retired				Retired	·)		
	Date 04/02/2025			•	Amount of Contribution (\$)	\$29.48		
		Waco, TX 76708						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 05/08/2025	Full name of contributor Crevier, Sandra Contributor address; City; Si Waco, TX 76708	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 05/13/2025	Full name of contributor Crevier, Sandra Contributor address; City; Si Waco, TX 76708	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$31.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		
			1					

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 27/130 Rpt: 30/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$3.48
_		Waco, TX 76708	I -				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_ Cross, Barbara  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$29.48
	Deinsinal	McGregor, TX 76657	_	Faralaga (O. a. la danati an	<u></u>		
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)		
	Date 05/28/2025	Full name of contributor		)		Amount of Contribution (\$)	\$31.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
06/03/2025 Cross, Barl		Full name of contributor out-of-state PAC (ID#:_ Cross, Barbara  Contributor address; City; State; Zip Code  McGregor, TX 76657		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date  Full name of contributor out-of-state PAC (ID#:)  Crouse, Leslie  Contributor address; City; State; Zip Code  Mcgregor, TX 76657			Amount of Contribution (\$)	\$29.48		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 28/130 Rpt: 31/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4		<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$41.67
_		Mcgregor, TX 76657	_				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 03/02/2025	Full name of contributor out-of-state PAC (ID#:_ Crouse, Leslie Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu	Mcgregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Retired			Retired	_		
	Date 02/26/2025	Full name of contributor out-of-state PAC (ID#:_ Croy, Julie Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		China Spring, TX 76633					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	s)		
Date 02/26/2025		Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_ Curry Campaign, Pat Contributor address; City; State; Zip Code Waco, TX 76712		)		Amount of Contribution (\$)	\$28.00
	Principal occu CEO	oation / Job title (See Instructions)		Employer (See Instructions PJC Consultants	;)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 29/130 Rpt: 32/355	
2	FILER NAME McLennan C	County Republican Women PAG			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/11/2025	<ul><li>5 Full name of contributor Curry Campaign, Pat</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions	.)		
Ŭ	CEO	pation / dob title (dee instructions)		PJC Consultants	')		
	Date 06/10/2025	Full name of contributor  Curry Campaign, Pat  Contributor address; City; Sta				Amount of Contribution (\$)	\$28.00
		Waco, TX 76712	<u></u>				
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions PJC Consultants	5)		
	Date 03/03/2025	Full name of contributor  Davega, Dianne  Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code	)		Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 03/31/2025	Full name of contributor  Davega, Dianne  Contributor address; City; Sta  Woodway, TX 76712	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 04/30/2025	Full name of contributor  Davega, Dianne  Contributor address; City; Sta  Woodway, TX 76712	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 30/130 Rpt: 33/355	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Davis, Jeanie</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$58.65
_		Woodway, TX 76712				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Jeanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$70.00
	Deinainal assu	Woodway, TX 76712	Franks van (Caa kratusetings			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Jeanie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Jeanie Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 02/24/2025	Full name of contributor out-of-state PAC (ID#:_ Davis, Leslie Contributor address; City; State; Zip Code China Spring, TX 76633			Amount of Contribution (\$)	\$60.00
	Principal occu Sales Manaç	pation / Job title (See Instructions) ger	Employer (See Instructions M & M Broadcasters	)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 31/130 Rpt: 34/355	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	McLennan C	County Republican Women PA	C			00018802	
4	Date 01/03/2025	<ul> <li>5 Full name of contributor</li> <li>DeCluitt, Christopher</li> <li>6 Contributor address; City; Sta</li> </ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$260.73
	Defendant	Waco, TX 76710		Fundame (Constitution			
8		pation / Job title (See Instructions)	9	1 , (			
	Real Estate			The Sovereign Corporat	ior	l	
	Date 04/03/2025	Full name of contributor  DeCluitt, Christopher  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Real Estate			The Sovereign Corporat	ior	l	
	Date 02/26/2025	Full name of contributor  Dethlefsen, Susan  Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Waco, TX 76712					
Н	Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u>                                      </u>		
	Retired	,		Retired	,		
	Date 05/13/2025	Full name of contributor Diaz, Carlos  Contributor address; City; Sta  Waco, TX 76706	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Drincinal occu	pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Paralegal Paralegal	pation / 300 title (See Instructions)		Paralegal for Carlos Dia			
	Date 02/12/2025	Full name of contributor  Dominguez, Jessica  Contributor address; City; Sta  Waco, TX 76706	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.67
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Casework S	pecialist		US House District 17			
			•				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 32/130 Rpt: 35/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/05/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Doria, Bunnie</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Date 01/05/2025	Contributor address; City; State; Zip Code		Retired		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 05/08/2025	Full name of contributor  ut-of-state PAC (ID# Doria, Bunnie  Contributor address; City; State; Zip Code	t:	)		Amount of Contribution (\$)	\$28.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID# Doria, Bunnie  Contributor address; City; State; Zip Code  Lorena, TX 76655		Retired		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/23/2025 Dowell, Patricia Contributor address; City; State; Zip Code  Waco, TX 76712			Amount of Contribution (\$)	\$41.67		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 33/130 Rpt: 36/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Dowell, Patti</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired	,		Retired	,		
	Date 03/31/2025	Full name of contributor out-of-state PAC (ID#: Dowell, Patti Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$29.48
	Daine die al access	Waco, TX 76712	_	Faralana (O. a. la atauatica	_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/02/2025	Full name of contributor out-of-state PAC (ID#:)  Dowell, Patti  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$28.00	
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>s)</u>		
Date 06/05/2025		Full name of contributor				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:)  Duke, Devvie  Contributor address; City; State; Zip Code  McGregor, TX 76657		•	Amount of Contribution (\$)	\$28.00		
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	<b>A1</b>		
	The Instru	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 34/130 Rpt: 37/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/31/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Duke, Devvie</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$28.00
_	Dringing Loggy	McGregor, TX 76657	•	Employer (Coo Instructions	_		
8	Consultant	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	<del></del>		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#: Duke, Devvie Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Deinainal assu	McGregor, TX 76657		Familia var (Cala Instructiona	<u></u>		
	Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Dyke, Donna Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00
		Lorena, TX 76655					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Abacus Engineering	s)		
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_Endres, Kathy  Contributor address; City; State; Zip Code  Woodway, TX 76712				Amount of Contribution (\$)	\$521.15
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Endres, Kathy  Contributor address; City; State; Zip Code  Woodway, TX 76712		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this 1	for	m.	1	Total pages Schedule A1: Sch: 35/130 Rpt: 38/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/10/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Endres, Kathy</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.73
8	Dringing oggu	Woodway, TX 76712	lo.	Employer (See Instructions	<u>,,</u>		
0	Retired	pation / Job title (See Instructions)	"	Employer (See Instructions Retired	·)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_ Endres, Kathy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_Endres, Kathy  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 01/07/2025		Full name of contributor out-of-state PAC (ID#:_ Etchison, Jacquelyn  Contributor address; City; State; Zip Code  Hewitt, TX 76643		)		Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 04/02/2025	Full name of contributor out-of-state PAC (ID#:_Etchison, Jacquelyn  Contributor address; City; State; Zip Code  Hewitt, TX 76643		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	;)		

	MONET	ARY POLITICAL C		SCHEDULE A1			
	The Instruc	ction Guide explains how t	to complete this forr	n.	1	Total pages Schedule A1: Sch: 36/130 Rpt: 39/355	
2	FILER NAME McLennan C	ounty Republican Women PAC	<u> </u>		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/06/2025	<ul><li>5 Full name of contributor Etchison, Jacquelyn</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:te; Zip Code		7	Amount of Contribution (\$)	\$29.48
_	Dringing Loon	Hewitt, TX 76643	lo.	Employer (Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 06/03/2025	Full name of contributor  Etchison, Jacquelyn  Contributor address; City; Stat				Amount of Contribution (\$)	\$28.00
	Principal occu	Hewitt, TX 76643 pation / Job title (See Instructions)	1	Employer (See Instructions	)		
	Retired	patient / cob title (eee motivations)		Retired	,		
	Date 01/07/2025	Full name of contributor Eubank, Rebecca Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$56.00
		China Spring, TX 76633					
	Principal occu Sheriff's Office	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	)		
Date 04/02/2025		Full name of contributor Eubank, Rebecca Contributor address; City; Stat	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$58.65
	Principal occu Sheriff's Office	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	)		
	Date 05/06/2025	Full name of contributor  Eubank, Rebecca  Contributor address; City; State  China Spring, TX 76633	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
	Principal occu Sheriff's Office	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	)		
			1				

	MONEI	ARY POLITICAL (		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 37/130 Rpt: 40/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	AC			00018802	
4	Date 05/13/2025	<ul><li>5 Full name of contributor</li><li>Eubank, Rebecca</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$62.00
8	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions	) <u> </u>	Employer (See Instructions	(s)		
Ü	Sheriff's Office			McLennan County	''		
	Date 06/05/2025	Full name of contributor Eubank, Rebecca Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$58.65
	5	China Spring, TX 76633	, I		Ĺ		
	Principal occupation / Job title (See Instructions) Sheriff's Office		(1)	Employer (See Instructions McLennan County	5)		
				Wickerman County	_	A ( O 'I' . (A)	
	Date 02/11/2025	Full name of contributor Eubanks, Rebecca Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$48.00
		China Spring, TX 76633					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u> </u>		
	legal	,		McLennan County			
	Date 06/03/2025	Full name of contributor Fallon, Beverly Contributor address; City; St Waco, TX 76706	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Owner	pation / Job title (See Instructions	)	Employer (See Instructions The Bevy Boutique	5)		
	Date 02/04/2025	Full name of contributor Ferrera, Caren Contributor address; City; St Waco, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDULE A1			
	The Instru	ction Guide explains how to complete th	his for	m.	1	Total pages Schedule A1: Sch: 38/130 Rpt: 41/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 03/05/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76712  pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	,		Retired			
	Date 03/30/2025	Full name of contributor out-of-state PAC Ferrera, Caren Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/05/2025	Full name of contributor  out-of-state PAC Ferrera, Caren  Contributor address; City; State; Zip Code	(ID#:	)	•	Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
Date 02/07/2025		Full name of contributor out-of-state PAC Foria, Bunnie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	retired			retired			
	Date 04/27/2025	Full name of contributor out-of-state PAC Fredrich, Karen  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$52.40
		Waco, TX 76710					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULI	E <b>A1</b>		
	The Instruc	etion Guide explains how to complete this t	for	m.	1	Total pages Schedule A1: Sch: 39/130 Rpt: 42/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 02/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Gilman, Janell</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$29.48
8	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions			
Ü	Retired	adion / 300 title (See Instituctions)	ľ	Retired	"		
	Date 02/20/2025	Full name of contributor out-of-state PAC (ID#:_Gilman, Janell Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$41.67
		Woodway, TX 76712					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 03/27/2025	Full name of contributor out-of-state PAC (ID#: Gilman, Janell  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occup	oation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#: Gimble, Jon  Contributor address; City; State; Zip Code  Waco, TX 76701		)		Amount of Contribution (\$)	\$368.00
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions McLennan County	<u>s)</u>		
	Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Gimble, Jon  Contributor address; City; State; Zip Code  Waco, TX 76701		)	•	Amount of Contribution (\$)	\$56.00
	Principal occup District Clerk	oation / Job title (See Instructions)		Employer (See Instructions McLennan County	s)		
			•				

	MONET	ARY POLITICAL CONT		SCHEDULE A1			
	The Instruc	ction Guide explains how to com	plete this forr	m.	1	Total pages Schedule A1: Sch: 40/130 Rpt: 43/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/13/2025			)	7	Amount of Contribution (\$)	\$28.00
_		Waco, TX 76701		5 1 (0 1 1 "			
8	District Clerk	pation / Job title (See Instructions)	9	Employer (See Instructions McLennan County	5)		
	Date 05/28/2025	Full name of contributor out-of-Gutierrez, Lina  Contributor address; City; State; Zip C		)		Amount of Contribution (\$)	\$41.98
		Waco, TX 76706					
	Principal occu Paralegal	pation / Job title (See Instructions)		Employer (See Instructions Carlos C. Diaz Law PLL			
	Date 05/04/2025	Full name of contributor out-of-Habern, Dannille  Contributor address; City; State; Zip C	-state PAC (ID#:	)		Amount of Contribution (\$)	\$41.98
		Woodway, TX 73712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
Date 01/14/2025		Habern, Michael	-state PAC (ID#: ode			Amount of Contribution (\$)	\$20.00
	Principal occu Jeweler	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	5)		
	Date 04/03/2025	Full name of contributor out-of-Habern, Michael  Contributor address; City; State; Zip C  Woodway, TX 76712	-state PAC (ID#:			Amount of Contribution (\$)	\$58.65
	Principal occu Jeweler	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	)		
			,				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	<b>A1</b>	
	The Instruc	etion Guide explains how to complete this for	m.	1	Total pages Schedule A1: Sch: 41/130 Rpt: 44/355	
2	FILER NAME McLennan C	ounty Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/06/2025	5 Full name of contributor	)	7	Amount of Contribution (\$)	\$58.65
_	5	Woodway, TX 76712	5 1 (0 1 1 1			
8	Jeweler	pation / Job title (See Instructions)  9	Employer (See Instructions Self-Employed	i) 		
	Date 01/06/2025	Full name of contributor	)		Amount of Contribution (\$)	\$29.48
	Discourse	McGregor, TX 76657	Facelouse (October Notice)	Ĺ		
	Principal occui Physician	pation / Job title (See Instructions)	Employer (See Instructions Concentra	;)		
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID#: Hale, Martha Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.83
		Gaithersburg, MD 20877				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
Date 02/06/2025		Full name of contributor out-of-state PAC (ID#: Hanes, Jimmie and Mary  Contributor address; City; State; Zip Code  Crawford, TX 76638	)		Amount of Contribution (\$)	\$29.48
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	<u> </u>		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: Hanes, Mary  Contributor address; City; State; Zip Code  Crawford, TX 76638			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTI		SCHEDULE	<b>■ A1</b>		
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 42/130 Rpt: 45/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/31/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occur	Crawford, TX 76638 pation / Job title (See Instructions)	T <sub>a</sub>	Employer (See Instructions	;) 		
0	Retired	oation 7 300 title (See matractions)	ľ	Retired	P)		
	Date 05/05/2025	Full name of contributor				Amount of Contribution (\$)	\$28.00
		Crawford, TX 76638					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/03/2025	Full name of contributor out-of-state PAC (ID# Hanes, Mary  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$28.00
		Crawford, TX 76638					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID# Hanna, Mary  Contributor address; City; State; Zip Code  waco, TX 76712		)	•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID# Harder, Ann Contributor address; City; State; Zip Code Waco, TX 76712				Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONEI	ARY POLITICAL CONTI	SCHEDULE A1	
	The Instru	ction Guide explains how to com	plete this form.	1 Total pages Schedule A1: Sch: 43/130 Rpt: 46/355
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	McLennan C	ounty Republican Women PAC		00018802
4	Date 02/23/2025	<ul> <li>5 Full name of contributor  out-of- Harder, Ann</li> <li>6 Contributor address; City; State; Zip Contributor address; City; State; Zip Contributor</li> </ul>	state PAC (ID#:	_) 7 Amount of Contribution (\$) \$41.6
		Waco, TX 76712		
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruct Retired	uctions)
	Date 03/04/2025	Full name of contributor out-of-Harder, Ann Contributor address; City; State; Zip Co	state PAC (ID#:	_) Amount of Contribution (\$) \$29.4
	5	Waco, TX 76712	1 - 1 (0 1 1	
	Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	uctions)
	Date 03/07/2025	Full name of contributor out-of- Hardey-Wieckowski, Gretchen Contributor address; City; State; Zip Co	Jace 170 (157).	_) Amount of Contribution (\$) \$84.0
		Waco, TX 76706		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	uctions)
Date 04/04/2025		Full name of contributor out-of-Hardey-Wieckowski, Gretchen  Contributor address; City; State; Zip Co	orde	_) Amount of Contribution (\$) \$84.0
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	uctions)
	Date 01/20/2025	Hargrave, David  Contributor address; City; State; Zip Co		_) Amount of Contribution (\$) \$100.0
	Principal occu Field Agent	Waco, TX 76702 pation / Job title (See Instructions)	Employer (See Instruction Knights of Columbia	
	Tield Agent		Tangrie of Columba	

	MONEI	ARY POLITICAL C		SCHEDULE A1			
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 44/130 Rpt: 47/355	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	McLennan C	County Republican Women PA	C		L	00018802	
4	Date 01/11/2025	<ul><li>5 Full name of contributor Harris, Lee</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
_		Hillsboro, TX 76645					
8	Principal occu Justice	pation / Job title (See Instructions	)	Employer (See Instructions  10th Court of Appeals	5)		
	Date 01/14/2025	Full name of contributor Harris, Lee Contributor address; City; St Hillsboro, TX 76645	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>L</u> S)		
	Justice			10th Court of Appeals			
	Date 02/04/2025	Full name of contributor Harris, Lee Contributor address; City; St	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$29.48
		Hillsboro, TX 76645					
	Principal occu Justice	pation / Job title (See Instructions		Employer (See Instructions 10th Court of Appeals	5)		
	Date 05/06/2025	Full name of contributor Harris, Lee Contributor address; City; St Hillsboro, TX 76645	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Justice	pation / Job title (See Instructions	)	Employer (See Instructions 10th Court of Appeals	5)		
	Date 01/01/2025	Full name of contributor Hensley, Dianne Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$150.00
	Principal occu Justice of the	pation / Job title (See Instructions e Peace	)	Employer (See Instructions McLennan County	<u>.</u> S)		

	MONEI	ARY POLITICAL C	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 45/130 Rpt: 48/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	C			00018802	
4	Date 01/29/2025	<ul><li>5 Full name of contributor Hensley, Dianne</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
8		pation / Job title (See Instructions	) 9	Employer (See Instructions	s)		
	Justice of the	e Peace		McLennan County			
	Date 03/05/2025	Full name of contributor Hensley, Dianne Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$58.65
		Waco, TX 76710					
	Principal occupation / Job title (See Instructions)			Employer (See Instructions	s)		
	Justice of the Peace			McLennan County			
	Date 03/06/2025	Full name of contributor Hensley, Dianne Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.50
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	Justice of the		,	McLennan County	,		
	Date 04/04/2025	Full name of contributor Hensley, Dianne Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Justice of the	pation / Job title (See Instructions e Peace	)	Employer (See Instructions McLennan County	s)		
	Date 05/08/2025	Full name of contributor Hensley, Dianne Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.48
		pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Justice of the	e Peace		McLennan County			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 46/130 Rpt: 49/355	
2	FILER NAME		_		3	Filer ID (Ethics Commission	Filers)
		County Republican Women PA	AC		L	00018802	
4	Date 06/05/2025	<ul><li>5 Full name of contributor Hensley, Dianne</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	5)	Employer (See Instructions	<u>s)</u>		
•	Justice of the			McLennan County	-,		
	Date 01/05/2025	Full name of contributor Herbelin, Patricia  Contributor address; City; Si	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655	· ·				
		pation / Job title (See Instructions	3)	Employer (See Instructions	s)		
	Healthcare F	Preparedness Coordinator		CATRAC	_		
	Date 01/29/2025	Full name of contributor Herbelin, Patricia Contributor address; City; St	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>                                      </u>		
		Preparedness Coordinator		CATRAC			
	Date 02/26/2025	Full name of contributor Herbelin, Patricia Contributor address; City; Si Lorena, TX 76655	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	•	pation / Job title (See Instructions Preparedness Coordinator	5)	Employer (See Instructions CATRAC	5)		
	Date 04/02/2025	Full name of contributor Herbelin, Patricia Contributor address; City; Si	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu	pation / Job title (See Instructions	6)	Employer (See Instructions	s)		
	Healthcare F	Preparedness Coordinator		CATRAC			

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 47/130 Rpt: 50/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	<u> </u>			00018802	
4	Date 02/27/2025	Full name of contributor     Higgenbotham, Jenny     Contributor address; City; Sta	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$40.00
Ω	Principal occu	Woodway, TX 76713 pation / Job title (See Instructions)	10	9 Employer (See Instructions			
0	Personal Tra		ľ	Self	3)		
	Date 05/09/2025	Full name of contributor Higginbotham, Jenny Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
	Dringing con	Woodway, TX 76712		Employer (Coo Instruction	<u></u>		
	Self-Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self-Employed	5)		
	Date 02/01/2025	Full name of contributor Hoeher, Angelika Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$56.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 02/10/2025	Full name of contributor Hoeher, Angelika Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 02/10/2025	Full name of contributor Hoeher, Angelika Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orı	n.	1	Total pages Schedule A1: Sch: 48/130 Rpt: 51/355	
2	FILER NAME McLennan C	County Republican Women Pa	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/02/2025	<ul><li>5 Full name of contributor Hoeher, Angelika</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$30.00
_		Lorena, TX 76655	,	_	5 1 (0 1 1 1	_		
8	Principal occu Retired	pation / Job title (See Instruction	5)	9	Employer (See Instructions Retired	5)		
	Date 03/03/2025	Full name of contributor Hoeher, Angelika Contributor address; City; S			)	•	Amount of Contribution (\$)	\$56.00
	Dringinal acqu	Lorena, TX 76655 pation / Job title (See Instruction	<u> </u>		Employer (See Instructions	·/-		
	Retired	pation / Job title (See Instruction	o)		Retired	·)		
	Date 03/28/2025	Full name of contributor Hoeher, Angelika Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$56.00
		Lorena, TX 76655						
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions Retired	5)		
	Date 05/29/2025	Full name of contributor Hoeher, Angelika Contributor address; City; S Lorena, TX 76655			)		Amount of Contribution (\$)	\$84.00
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 01/29/2025	Full name of contributor Hohn, Judith Contributor address; City; S WACO, TX 76705	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instruction	5)		Employer (See Instructions Retired	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	'NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fc	orm.	1	Total pages Schedule A1: Sch: 49/130 Rpt: 52/355	
2	FILER NAME McLennan C	County Republican Women PA	ıC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/28/2025	<ul><li>Full name of contributor Hohn, Judy</li><li>Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.48
	-· · · I	Waco, TX 76705		' (2 to to to to to			
8	Principal occu Retired	upation / Job title (See Instructions	)	9 Employer (See Instructions Retired	s)		
	Date 03/29/2025	Full name of contributor Hohn, Judy  Contributor address; City; St		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	Waco, TX 76705 upation / Job title (See Instructions	;)	Employer (See Instructions	 s)		
	Date 06/05/2025	Full name of contributor Hohn, Judy Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Dringing one	Waco, TX 76705	<u> </u>	Free lever (See Instruction			
	Retired	upation / Job title (See Instructions	)	Employer (See Instructions Retired	5)		
	Date 01/03/2025	Full name of contributor Holtkamp, Teri  Contributor address; City; St  Robinson, TX 76706		)	-	Amount of Contribution (\$)	\$58.65
	Principal occu Retired	upation / Job title (See Instructions	.)	Employer (See Instructions	<u> </u> s)		
	Date 05/12/2025	Full name of contributor Holtkamp, Teri Contributor address; City; St Robinson, TX 76706	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$32.60
	Principal occu Retired	upation / Job title (See Instructions	)	Employer (See Instructions Retired	<u>I</u> S)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 50/130 Rpt: 53/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/28/2025	<ul> <li>Full name of contributor  out-of-star Holtkamp, Teri</li> <li>Contributor address; City; State; Zip Cod</li> </ul>			7	Amount of Contribution (\$)	\$40.00
8	Principal occur	Robinson, TX 76706 pation / Job title (See Instructions)	la	Employer (See Instructions	·,		
Ü	Retired	odion / Job title (Jee mandellons)	ľ	Retired	')		
	Date 05/08/2025	Holtkamp, Tim				Amount of Contribution (\$)	\$56.00
		Robinson, TX 76706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/05/2025	Full name of contributor out-of-sta  Holtkamp, Tim  Contributor address; City; State; Zip Cod	ate PAC (ID#:	)		Amount of Contribution (\$)	\$56.00
		Robinson, TX 76706					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/07/2025	Holtkamp, Timothy				Amount of Contribution (\$)	\$84.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u>(</u>		
	Date 02/11/2025	Full name of contributor out-of-state Holtkamp, Timothy  Contributor address; City; State; Zip Cod  Robinson, TX 76706	ate PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 51/130 Rpt: 54/355	
2	FILER NAME McLennan C	ounty Republican Women PAC	<u> </u>		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 02/11/2025	<ul><li>5 Full name of contributor [ Holtkamp, Timothy</li><li>6 Contributor address; City; Star</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$40.00
8		Robinson, TX 76706 pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/11/2025	Full name of contributor [ Holtkamp, Timothy  Contributor address; City; Star		Self Employed		Amount of Contribution (\$)	\$40.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed	5)		
	Date 03/06/2025	Full name of contributor [ Holtkamp, Timothy Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$56.00
		Robinson, TX 76706 pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/03/2025	Full name of contributor [ Holtkamp, Timothy  Contributor address; City; State  Robinson, TX 76706		Self Employed		Amount of Contribution (\$)	\$56.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 01/22/2025	Full name of contributor [ Hough, Elizabeth  Contributor address; City; Star  Woodway, TX 76712	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 52/130 Rpt: 55/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/03/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Hough, Elizabeth</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$29.48
•	Dringing occur	Woodway, TX 76712	٦,	Employer (See Instructions	,, 		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 04/01/2025	Full name of contributor out-of-state PAC (ID#: Hough, Elizabeth  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 04/19/2025	Full name of contributor out-of-state PAC (ID#: Hough, Elizabeth  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$50.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/05/2025	Full name of contributor out-of-state PAC (ID#: Hough, Elizabeth  Contributor address; City; State; Zip Code  Woodway, TX 76712		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#: Hough, Elizabeth  Contributor address; City; State; Zip Code  Woodway, TX 76712		)		Amount of Contribution (\$)	\$76.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<b>.</b> (5)		
			•				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orm.	1	Total pages Schedule A1: Sch: 53/130 Rpt: 56/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	/C			00018802	
4	Date 02/22/2025	<ul><li>5 Full name of contributor Hull, Lisa</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$41.67
		Woodway, TX 76712					
8	Principal occu	pation / Job title (See Instructions	5)	9 Employer (See Instructions	5)		
	Trust Officer			Community Bank & Tru	st		
	Date 03/06/2025	Full name of contributor Hull, Lisa Contributor address; City; S	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	5)		
	Trust Officer			Community Bank & True	st		
	Date 04/04/2025	Full name of contributor Jeffries, Tanya Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76708					
	Principal occu	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u>.                                    </u>		
	Retired			Retired			
	Date 04/08/2025	Full name of contributor Jeffries, Tanya Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
		Waco, TX 76708			<u> </u>		
	Principal occu Retired	pation / Job title (See Instruction:	5)	Employer (See Instructions Retired	5)		
	Date 05/09/2025	Full name of contributor Jeffries, Tanya Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	o complete this form	m.	1	Total pages Schedule A1: Sch: 54/130 Rpt: 57/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/04/2025	5 Full name of contributor  Jenson, Gwen  6 Contributor address; City; State		)	7	Amount of Contribution (\$)	\$29.48
8	Principal occur	Waco, TX 76712	اه	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)	l <sup>9</sup>	Employer (See Instructions Retired	)		
	Date 02/09/2025	Full name of contributor Jenson, Gwen Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$21.15
	Delicalization	Waco, TX 76712		Familiary (Carabastian			
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/27/2025	Full name of contributor  Jenson, Gwen  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 03/28/2025	Full name of contributor  Jenson, Gwen  Contributor address; City; State	out-of-state PAC (ID#: e; Zip Code			Amount of Contribution (\$)	\$58.65
	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 05/08/2025	Full name of contributor  Jenson, Gwen  Contributor address; City; State  Waco, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			1				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 55/130 Rpt: 58/355	
2	FILER NAME McLennan C	county Republican Women PA	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/02/2025	5 Full name of contributor Jenson, Gwen	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$29.48
_	Duinning Langu	Waco, TX 76712		_	Franks or (Cook batterations			
8	Retired	pation / Job title (See Instruction:	5)	9	Employer (See Instructions Retired	5)		
	Date 01/14/2025	Full name of contributor Jernigan, Donna Contributor address; City; S					Amount of Contribution (\$)	\$28.00
	Principal occu	Woodway, TX 76712 pation / Job title (See Instruction:	<u> </u>		Employer (See Instructions	·/		
	Retired	pation / 300 title (See Instructions	5)		Retired	) 		
	Date 02/03/2025	Full name of contributor Jernigan, Donna Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$20.00
		Woodway, TX 76712						
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	s)		
	Date 02/11/2025	Full name of contributor Jernigan, Donna Contributor address; City; S Woodway, TX 76712	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 02/27/2025	Full name of contributor Jernigan, Donna Contributor address; City; S Woodway, TX 76712	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instruction:	5)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 56/130 Rpt: 59/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 04/03/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Jernigan, Donna</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$28.00
0	Dringing occur	Woodway, TX 76712	١٥	Employer (See Instructions	<u>,,</u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	»)		
	Date 02/23/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Matt  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.83
		Waco, TX 76710	_		_		
	Judge	pation / Job title (See Instructions)		Employer (See Instructions  10th Court of Appeals	5)		
	Date 06/02/2025	Full name of contributor  out-of-state PAC (ID#:_ Johnson, Matt Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76710					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions 10th Court of Appeals	5)		
	Date 02/28/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$58.65
	Principal occu Sales	Waco, TX 76706 pation / Job title (See Instructions)		Employer (See Instructions Johnson Roofing	<u> </u>		
	Date 02/19/2025	Full name of contributor out-of-state PAC (ID#:_ Jones, Carmen  Contributor address; City; State; Zip Code  Waco, TX 76715		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 57/130 Rpt: 60/355	
2	FILER NAME McLennan C	ounty Republican Women PA			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/14/2025	<ul><li>5 Full name of contributor Jones, Merrl</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: atte; Zip Code		7	Amount of Contribution (\$)	\$60.00
		Waco, TX 76710					
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Merely Jones	s)		
	Date 01/08/2025	Full name of contributor Jones, Merryl Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$56.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	(3)		
	Attorney	pation / cos title (cos motractions)		Wash & Thomas Attorne			
	Date 02/05/2025	Full name of contributor Jones, Merryl Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$56.00
		Waco, TX 76710					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Wash & Thomas Attorne			
	Date 04/04/2025	Full name of contributor Jones, Merryl  Contributor address; City; Sta  Waco, TX 76710	out-of-state PAC (ID#:atte; Zip Code		•	Amount of Contribution (\$)	\$56.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Wash & Thomas Attorne			
	Date 03/05/2025	Full name of contributor Jones, Sara Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 58/130 Rpt: 61/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 02/14/2025	<ul> <li>Full name of contributor  out-of-state PAG Joscelyne, Janet</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$41.67
_	Deireitad	Woodway, TX 76712	la.	Foundation (October to the street)			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<del></del>		
	Date 01/08/2025	Full name of contributor out-of-state PAG Joslin, Michelle Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
	Deinsinal assu	Penelope, TX 76676		Franks von (Coo Instructions			
	•	pation / Job title (See Instructions) hing Penelope Pickers		Employer (See Instructions Self Employed	5)		
	Date 01/14/2025	Full name of contributor out-of-state PAG Joslin, Michelle Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$104.48
		Penelope, TX 76676					
	•	pation / Job title (See Instructions) hing Penelope Pickers		Employer (See Instructions Self Employed	5)		
	Date 02/06/2025	Full name of contributor out-of-state PAG Joslin, Michelle Contributor address; City; State; Zip Code Penelope, TX 76676		)		Amount of Contribution (\$)	\$56.00
	•	pation / Job title (See Instructions) hing Penelope Pickers		Employer (See Instructions Self Employed	s)		
	Date 02/28/2025	Full name of contributor out-of-state PAG Joslin, Michelle Contributor address; City; State; Zip Code Penelope, TX 76676		)		Amount of Contribution (\$)	\$56.00
	•	pation / Job title (See Instructions) hing Penelope Pickers		Employer (See Instructions Self Employed	5)		
		5					

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 59/130 Rpt: 62/355		
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)	
	McLennan C	County Republican Women PAC	<u> </u>			00018802		
4	Date 04/03/2025	<ul><li>5 Full name of contributor [ Joslin, Michelle</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$56.00	
8	Principal occu	Penelope, TX 76676 pation / Job title (See Instructions)	إ	Employer (See Instructions	(;			
•		hing Penelope Pickers		Self Employed	,			
	Date 05/13/2025	Full name of contributor  Joslin, Michelle  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$118.00	
		Penelope, TX 76676			L			
		pation / Job title (See Instructions) hing Penelope Pickers		Employer (See Instructions Self Employed	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  06/03/2025 Joslin, Michelle  Contributor address; City; State; Zip Code		Sell Employed	_	Assessment of Ossetsile sticks (d)			
				Amount of Contribution (\$)	\$30.00			
		Penelope, TX 76676						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
		hing Penelope Pickers		Self Employed	,			
	Date 01/03/2025	Full name of contributor Keaton, Nancy Contributor address; City; Sta Woodway, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.48	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)			
	Date 01/10/2025	Full name of contributor  Keaton, Nancy  Contributor address; City; Sta  Woodway, TX 76712	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)			

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 60/130 Rpt: 63/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 02/07/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$58.65
8	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	;) 		
Ü	Retired	sation, oob title (oce instructions)		Retired	,,		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Keaton, Nancy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$58.65
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#:_ Kehoe, Penny  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_ Kehoe, Penny  Contributor address; City; State; Zip Code  Lorena, TX 76655		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_Kelly, Susan  Contributor address; City; State; Zip Code  Waco, TX 76703		)		Amount of Contribution (\$)	\$250.00
	Principal occu	oation / Job title (See Instructions) Judge		Employer (See Instructions McLennan County	5)		
			<u> </u>				

	MONEI	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 61/130 Rpt: 64/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	AC .			00018802	
4	Date 01/10/2025	<ul><li>5 Full name of contributor Kelly, Susan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76703 pation / Job title (See Instructions	<sub>5)</sub>	Employer (See Instructions	<u> </u>		
•	54th District			McLennan County	-,		
	Date 03/07/2025	Full name of contributor Kelly, Susan Contributor address; City; Si Waco, TX 76703	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$29.48
_	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	54th District	Judge		McLennan County			
	Date 04/04/2025	Full name of contributor Kelly, Susan Contributor address; City; Si	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$29.48
		Waco, TX 76703					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	<u>L</u> S)		
	54th District	Judge		McLennan County			
	Date 01/06/2025	Full name of contributor Kendig, Victoria Contributor address; City; Si McGregor, TX 76657	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instructions Retired	5)		
	Date 01/29/2025	Full name of contributor Kendig, Victoria Contributor address; City; Si McGregor, TX 76657	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTR	IBUTION	S 		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to comp	lete this forn	n.	1	Total pages Schedule A1: Sch: 62/130 Rpt: 65/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/27/2025	<ul> <li>Full name of contributor  out-of-star</li></ul>			7	Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 05/08/2025	Full name of contributor out-of-sta  Kendig, Victoria  Contributor address; City; State; Zip Cod	ete PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Retired	Jation / Job title (See Instructions)		Retired	·)		
	Date 06/06/2025	Kendig, Victoria	tte PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/03/2025	Kent Chick, Kathy		)		Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/02/2025	Kent-Chick, Kathy				Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	;)		
			l .				

	MONEI	ARY POLITICAL CONT	RIBUTIONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to cor	nplete this form.	1	Total pages Schedule A1: Sch: 63/130 Rpt: 66/355	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	McLennan C	ounty Republican Women PAC			00018802	
4	Date 03/31/2025	<ul> <li>Full name of contributor  out-out-out-out-out-out-out-out-out-out-</li></ul>	f-state PAC (ID#:)  Code	7	Amount of Contribution (\$)	\$58.65
8	Principal occu	Lorena, TX 76855 pation / Job title (See Instructions)	9 Employer (See Instruction	ons)		
•	Retired		Retired	,		
	Date 01/12/2025	Ker, Jon  Contributor address; City; State; Zip (	f-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$104.48
	Principal occu	valley Mills, TX 76689 pation / Job title (See Instructions)	Employer (See Instruction	one)		
	Attorney	pation / Job title (See Instructions)	Self Employed	JIIS)		
	Date 01/30/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$28.00
		Valley Mills, TX 76689				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
	Attorney	(	Self Employed	,		
	Date 02/27/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:) Code		Amount of Contribution (\$)	\$29.48
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)		
	Date 03/28/2025	Full name of contributor out-out-out-out-out-out-out-out-out-out-	f-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$28.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to comp	olete this forr	n.	1	Total pages Schedule A1: Sch: 64/130 Rpt: 67/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 04/29/2025	<ul> <li>5 Full name of contributor out-of-si Ker, Jon</li> <li>6 Contributor address; City; State; Zip Contributor</li> </ul>			7	Amount of Contribution (\$)	\$29.48
_		Valley Mills, TX 76689					
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 03/07/2025	Full name of contributor out-of-si Kinder, Missy  Contributor address; City; State; Zip Co				Amount of Contribution (\$)	\$28.00
	Deinsinal assu	Crawford, TX 76638		Frankston (Cookstants)	_		
	Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	5)		
	Date 03/11/2025	Full name of contributor out-of-si Kinder, Missy Contributor address; City; State; Zip Co	tate PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Crawford, TX 76638					
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	)		
	Date 01/02/2025	Kohutek, Lorna		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/31/2025	Kohutek, Lorna	tate PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 65/130 Rpt: 68/355	
2	FILER NAME McLennan C	county Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/28/2025	5 Full name of contributor Kohutek, Lorna 6 Contributor address; City; State			7	Amount of Contribution (\$)	\$29.48
_	District	Waco, TX 76705	- Io	Faradaya (Carabasta atau			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 03/29/2025	Full name of contributor  Kohutek, Lorna  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired Retired			•			
	Date 05/02/2025	Full name of contributor  Kohutek, Lorna  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76705					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 06/06/2025	Full name of contributor  Kohutek, Lorna  Contributor address; City; State  Waco, TX 76705				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/08/2025	Full name of contributor  Lambright, Lori  Contributor address; City; State  Waco, TX 76705	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 66/130 Rpt: 69/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/29/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occur	Waco, TX 76705 pation / Job title (See Instructions)	la la	Employer (See Instructions	·,		
0	Retired	oation / Job title (See matrictions)		Retired	·)		
	Date 03/05/2025	Full name of contributor out-of-state PAC Lambright, Lori  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76705			<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/03/2025	Full name of contributor out-of-state PAC Lambright, Lori  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76705					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/02/2025	Full name of contributor out-of-state PAC Lambright, Lori  Contributor address; City; State; Zip Code  Waco, TX 76705				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 05/13/2025	Full name of contributor out-of-state PAC Lambright, Lori  Contributor address; City; State; Zip Code  Waco, TX 76705		)		Amount of Contribution (\$)	\$31.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDULE	A1
	The Instru	ction Guide explains hov	v to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 67/130 Rpt: 70/355	
2	FILER NAME McLennan C	County Republican Women P	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/05/2025	<ul><li>5 Full name of contributor Lambright, Lori</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$28.00
		Waco, TX 76705						
8	Principal occu Retired	pation / Job title (See Instruction:	5)	9	Employer (See Instructions Retired	5)		
	Date 01/10/2025	Full name of contributor Lane, Karen Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$29.48
	Principal occu	Hewitt, TX 76643 pation / Job title (See Instruction:	s)		Employer (See Instructions	<u> </u>		
	Office Assist		-,		Advanced Financial Stra		gies	
	Date 02/02/2025	Full name of contributor Lane, Karen Contributor address; City; S	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$29.48
		Hewitt, TX 76643						
	Principal occu Office Assist	pation / Job title (See Instruction: ant	5)		Employer (See Instructions Advanced Financial Stra		gies	
	Date 05/08/2025	Full name of contributor Lane, Karen Contributor address; City; S Hewitt, TX 76643	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Office Assist	pation / Job title (See Instruction: ant	5)		Employer (See Instructions Advanced Financial Stra		gies	
	Date 06/06/2025	Full name of contributor Lane, Karen Contributor address; City; S Hewitt, TX 76643	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$29.48
	Principal occu Office Assist	pation / Job title (See Instruction: ant	5)		Employer (See Instructions Advanced Financial Stra		aies	
	2 22 100.00					;	•	

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 68/130 Rpt: 71/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/27/2025	5 Full name of contributor on Lasyone, Rebecca	ut-of-state PAC (ID#: ip Code	)	7	Amount of Contribution (\$)	\$41.67
g	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions)	la la	Employer (See Instructions			
0	Accounting N		ľ	Platinum Drivers	,		
	Date 03/06/2025	Full name of contributor on Lechner, Debbie  Contributor address; City; State; Z	ut-of-state PAC (ID#:ip Code	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/09/2025	Full name of contributor on Lenamon, Cheryl Contributor address; City; State; Z	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$52.40
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/12/2025	Full name of contributor on tenamon, Cheryl  Contributor address; City; State; Z  Waco, TX 76708	ut-of-state PAC (ID#: ip Code	)		Amount of Contribution (\$)	\$52.40
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/05/2025	Full name of contributor on Lenamon, Cheryl  Contributor address; City; State; Z  Waco, TX 76708	ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			•				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 69/130 Rpt: 72/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/10/2025	5 Full name of contributor Lenamon, Cheryl	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$41.98
0	Dringing Loggy	Waco, TX 76708	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 03/05/2025	Full name of contributor Lenamon, Cheryl  Contributor address; City; State;				Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	pation / 000 title (000 mondono)		Retired	,		
	Date 03/28/2025	Full name of contributor  Lenamon, Cheryl  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$29.48
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 05/31/2025	Full name of contributor Lenamon, Cheryl  Contributor address; City; State;  Waco, TX 76708	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/31/2025	Full name of contributor  Leutwyler-Smith, Mollie  Contributor address; City; State;  Woodway, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			ı				

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 70/130 Rpt: 73/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PA	AC			00018802	
4	Date 02/11/2025	<ul> <li>Full name of contributor         Leutwyler-Smith, Mollie     </li> <li>Contributor address; City; S</li> </ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$40.00
_		Woodway, TX 76712	, ,				
8	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions     Retired	5)		
	Date 03/05/2025	Full name of contributor  Leutwyler-Smith, Mollie  Contributor address; City; S	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions	9)	Employer (See Instructions	·)		
	Retired	pation 7 300 title (See Instructions	)	Retired	•)		
	Date 04/08/2025	Full name of contributor Leutwyler-Smith, Mollie Contributor address; City; S	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions Retired	5)		
	Date 03/03/2025	Full name of contributor Ligon-Borden, Lee Contributor address; City; S Woodway, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$58.65
	Principal occu Instructor	pation / Job title (See Instructions	5)	Employer (See Instructions Baylor College Medicine			
	Date 03/18/2025	Full name of contributor Ligon-Borden, Lee Contributor address; City; S Woodway, TX 76712	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$62.81
	Principal occu Instructor	pation / Job title (See Instructions	5)	Employer (See Instructions Baylor College Medicine			

	MONEI	ARY POLITICAL C	CONTRIBUTION	15		SCHEDULI	<b>A1</b>
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 71/130 Rpt: 74/355	
2	FILER NAME				3	`	Filers)
	McLennan C	County Republican Women PA	C			00018802	
4	Date 05/07/2025	<ul> <li>5 Full name of contributor         Ligon-Borden, Lee</li> <li>6 Contributor address; City; St.</li> </ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$58.65
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions	) 9	Employer (See Instructions	<u></u>		
Ü	Instructor	pation / 300 title (See mandellons	,	Baylor College Medicine			
	Date 06/05/2025	Full name of contributor Ligon-Borden, Lee Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
		Woodway, TX 76712			<u></u>		
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions Baylor College Medicine			
		T = "		Baylor College Medicine	<del>,</del>		
	Date 04/02/2025	Full name of contributor Litton, Connley  Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$21.15
		ROBINSON, TX 76706-56	375				
	Principal occu	pation / Job title (See Instructions		Employer (See Instructions	;) [		
		/ District Clerk	,	McLennan County	,		
	Date 06/05/2025	Full name of contributor Lotzgesell, Teresa  Contributor address; City; St  Waco, TX 76708	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Administation	pation / Job title (See Instructions n	)	Employer (See Instructions Edward Jones	5)		
	Date 01/14/2025	Full name of contributor Loyd, Dolores  Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$20.00
	Principal occu Travel Agent	pation / Job title (See Instructions		Employer (See Instructions MBD Vacations	5)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 72/130 Rpt: 75/355	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	McLennan C	County Republican Women PA	С			00018802	
4	Date 01/11/2025	5 Full name of contributor Loyd, Katherine	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$50.00
		6 Contributor address; City; St. Waco, TX 76706	ate; Zip Code				
8	Principal occu Retired	pation / Job title (See Instructions	)	Employer (See Instructions Retired	<u>.                                    </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/07/2025	Luna, Ryan					\$28.00
		Contributor address; City; St	ate; Zip Code				
		Waco, TX 76712					
		pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Judge			State of Texas			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	01/14/2025	Luna, Ryan					\$250.00
		Contributor address; City; St. Waco, TX 76712	ate; Zip Code				
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>L</u> 5)		
	Judge			State of Texas	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	02/27/2025	Luna, Ryan Contributor address; City; St				( )	\$28.00
		Waco, TX 76712					
	Principal occu Judge	pation / Job title (See Instructions	)	Employer (See Instructions State of Texas	s) 		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/01/2025	Luna, Ryan					\$28.00
		Contributor address; City; St	ate; Zip Code				
		Waco, TX 76712					
	Principal occu Judge	pation / Job title (See Instructions	)	Employer (See Instructions State of Texas	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION	NS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 73/130 Rpt: 76/355	
2	FILER NAME McLennan C	ounty Republican Women PA	vC		3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 06/06/2025	<ul><li>5 Full name of contributor Luna, Ryan</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$28.00
_		Waco, TX 76712			Ļ		
8	Principal occu Judge	pation / Job title (See Instructions	9	Employer (See Instruction: State of Texas	s)		
	Date 06/03/2025	Full name of contributor M GRANGER, ANGELA Contributor address; City; St		)		Amount of Contribution (\$)	\$28.00
	Principal occur	Lorena, TX 76655 pation / Job title (See Instructions		Employer (See Instruction	s)		
	Retired	pation / oob title (occ mondetions		Retired	<i></i>		
	Date 05/18/2025	Full name of contributor  Machado, Duke  Contributor address; City; Si	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$21.15
		Woodway, TX 76712					
	Principal occu Owner/Builde	pation / Job title (See Instructions er	5)	Employer (See Instruction: Aqua Nation Pools	s)		
	Date 06/02/2025	Full name of contributor  Machado, Duke  Contributor address; City; St  Woodway, TX 76712				Amount of Contribution (\$)	\$58.65
	Principal occu Owner/Builde	pation / Job title (See Instructions	5)	Employer (See Instructions Aqua Nation Pools	s)		
	Date 03/11/2025	Full name of contributor Marak, Janice Contributor address; City; Si Waco, TX 76710	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions	(5)	Employer (See Instruction: Retired	s)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 74/130 Rpt: 77/355	
2	FILER NAME McLennan C	ounty Republican Women PAC	;		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/11/2025	5 Full name of contributor [ Maroudas, Zoi	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$40.00
_	Deignigal	Waco, TX 76705	- lo	Franks on (Cool looks estimate			
8	Business	pation / Job title (See Instructions)	9	Employer (See Instructions Self-Employed	)		
	Date 03/11/2025	Full name of contributor  Maroudas, Zoi  Contributor address; City; Stat				Amount of Contribution (\$)	\$28.00
		Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Business			Self-Employed			
	Date 01/01/2025	Full name of contributor [  Marstaller, Dorothy  Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$40.00
		Robinson, TX 76706					
	Principal occu Executive Di	pation / Job title (See Instructions) rector		Employer (See Instructions	)		
	Date 06/04/2025	Full name of contributor  Maxwell, Glenellen  Contributor address; City; Stat  Waco, TX 76707	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/07/2025	Full name of contributor  Mayes Rafuse, RoseMary  Contributor address; City; State  Crawford, TX 76683	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			<u> </u>				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 75/130 Rpt: 78/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/06/2025	5 Full name of contributor Mayes Rafuse, RoseMary	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$29.48
		Crawford, TX 76683	,				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date 03/31/2025	Full name of contributor  Mayes Rafuse, RoseMary  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$58.65
	Principal occu	Crawford, TX 76683 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired	, , , , , , , , , , , , , , , , , , , ,		Retired	,		
	Date 05/03/2025	Full name of contributor  Mayes Rafuse, RoseMary  Contributor address; City; State;	out-of-state PAC (ID#: Zip Code	)		Amount of Contribution (\$)	\$29.48
		Crawford, TX 76683					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/07/2025	Full name of contributor  McBurnett, Erika  Contributor address; City; State;  Waco, TX 76701		)		Amount of Contribution (\$)	\$28.00
	Principal occu Community [	pation / Job title (See Instructions)		Employer (See Instructions Care Net Pregnancy Ce	•	er	
	Date 01/07/2025	McClellan, Marie	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Small Busine	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N _	S		SCHEDULE	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 76/130 Rpt: 79/355	
2	FILER NAME McLennan C	County Republican Women PA	.C			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/07/2025	<ul><li>5 Full name of contributor McClellan, Marie</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		)	7	Amount of Contribution (\$)	\$28.00
		Waco, TX 76710						
8	Principal occu Small Busine	pation / Job title (See Instructions ess Owner	S) [9		Employer (See Instructions Self Employed	5)		
	Date 04/03/2025	Full name of contributor McClellan, Marie Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			•	Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions	)		Employer (See Instructions	;) 		
	Small Busine		,		Self Employed	-,		
	Date 05/05/2025	Full name of contributor  McClellan, Marie  Contributor address; City; St	out-of-state PAC (ID#:ate; Zip Code		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710						
	Principal occu Small Busine	pation / Job title (See Instructions ess Owner	)		Employer (See Instructions Self Employed	5)		
	Date 06/03/2025	Full name of contributor McClellan, Marie Contributor address; City; St Waco, TX 76710	out-of-state PAC (ID#: ate; Zip Code		)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Small Busine	pation / Job title (See Instructions ess Owner	)		Employer (See Instructions Self Employed	5)		
	Date 05/12/2025	Full name of contributor McDonald, Terry Contributor address; City; St Hewitt, TX 76643	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$10.73
	Principal occu Retired	pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N:	5		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 77/130 Rpt: 80/355	
2	FILER NAME McLennan C	ounty Republican Women PA	С			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/12/2025	5 Full name of contributor McDonald, Terry	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$52.40
_		Hewitt, TX 76643						
8	Principal occu Retired	pation / Job title (See Instructions	)  9		Employer (See Instructions Retired	5)		
	Date 01/23/2025	Full name of contributor McDonough, Maricela Contributor address; City; St					Amount of Contribution (\$)	\$41.67
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions	)		Employer (See Instructions Retired	5)		
	Date 02/26/2025	Full name of contributor McKay, Christina Contributor address; City; St	out-of-state PAC (ID#:atte; Zip Code		)		Amount of Contribution (\$)	\$83.33
		Waco, TX 76705						
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 01/07/2025	Full name of contributor Mccutchen, Diane Contributor address; City; St McGregor, TX 76657	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	5)		
	Date 02/05/2025	Full name of contributor  Mccutchen, Diane  Contributor address; City; St  McGregor, TX 76657	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions			Employer (See Instructions Retired	5)		
			,					

	MONET	ARY POLITICAL CONTR	IBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to comp	lete this forr	n.	1	Total pages Schedule A1: Sch: 78/130 Rpt: 81/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 03/06/2025	<ul> <li>Full name of contributor  out-of-sta</li> <li>Mccutchen, Diane</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$29.48
•	Dringing occur	McGregor, TX 76657	lo.	Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 04/01/2025	Mccutchen, Diane	ate PAC (ID#:			Amount of Contribution (\$)	\$29.48
		McGregor, TX 76657					
	Principal occur Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<b>;</b> )		
	Date 05/06/2025	Full name of contributor out-of-state  Mccutchen, Diane  Contributor address; City; State; Zip Code	e	)		Amount of Contribution (\$)	\$29.48
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 06/03/2025	Mccutchen, Diane		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 05/28/2025	Mellick, Margie		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			· · · · · · · · · · · · · · · · · · ·				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 79/130 Rpt: 82/355	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 05/13/2025	<ul> <li>5 Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occur	Axtell, TX 76624 pation / Job title (See Instructions)	T <sub>a</sub>	Employer (See Instructions	;) 		
Ü	Self-Employe		ľ	Self-Employed	,,		
	Date 06/01/2025	Full name of contributor out-of-state PAC (ID# Messinger, John  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Pflugerville, TX 78660					
		pation / Job title (See Instructions) ate Prosecuting Attorney		Employer (See Instructions State of Texas	s)		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID# Michael, Marcia  Contributor address; City; State; Zip Code	#:	)		Amount of Contribution (\$)	\$28.00
		China Spring, TX 76633					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID: Milam, Jason  Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$20.83
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Milam & Fanning, PLLC			
	Date 01/29/2025	Full name of contributor out-of-state PAC (ID: Moore, Donna  Contributor address; City; State; Zip Code  Crawford, TX 76638				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<b>.</b> (s)		
			•				

	MONET	ARY POLITICAL CONTRI	BUTION	IS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to comple	ete this for	n.	1	Total pages Schedule A1: Sch: 80/130 Rpt: 83/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 04/03/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$29.48
_	Deireinele	Crawford, TX 76638	la la	Foundation (October to the street)			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 05/05/2025	Moore, Donna				Amount of Contribution (\$)	\$29.48
	Principal occur	Crawford, TX 76638 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	pation / cos talo (cos monaciono)		Retired	•,		
	Date 05/31/2025	Moore, Donna		)	•	Amount of Contribution (\$)	\$29.48
		Crawford, TX 76638					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/04/2025	Motz, Rose		)		Amount of Contribution (\$)	\$28.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Providence Health Cent	•		
	Date 03/26/2025	Motz, Rose	e PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu CRNA	pation / Job title (See Instructions)		Employer (See Instructions Providence Health Cent			
			l				

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 81/130 Rpt: 84/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 05/13/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID# Motz, Rose</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$54.00
		McGregor, TX 76657					
8	Principal occu CRNA	pation / Job title (See Instructions)	9	Employer (See Instructions Providence Health Cent			
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID# Motz, Rose  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu CRNA	pation / Job title (See Instructions)		Employer (See Instructions Providence Health Cent			
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID# Myers, Janice  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$41.67
		WACO, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/02/2025	Full name of contributor out-of-state PAC (ID# Myers, Kathleen Contributor address; City; State; Zip Code  Waco, TX 76708		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID# Myers, Kathleen  Contributor address; City; State; Zip Code  Waco, TX 76708		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	7(	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 82/130 Rpt: 85/355	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/14/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Naumann-Larios, Elisabeth</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$28.00
		Waco, TX 76708					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/11/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_ Naumann-Larios, Elisabeth Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_ Naumann-Larios, Elisabeth Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Principal occu	waco, TX 76708  pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 06/10/2025	Full name of contributor out-of-state PAC (ID#:_ Naumann-Larios, Elisabeth Contributor address; City; State; Zip Code  Waco, TX 76708		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTI	RIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to com	plete this forr	n.	1	Total pages Schedule A1: Sch: 83/130 Rpt: 86/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/01/2025	<ul> <li>Full name of contributor  out-of-Neill, Robert</li> <li>Contributor address; City; State; Zip Contributor</li> </ul>		)	7	Amount of Contribution (\$)	\$58.65
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 01/30/2025	Full name of contributor out-of- Neill, Robert  Contributor address; City; State; Zip Co	state PAC (ID#:			Amount of Contribution (\$)	\$58.65
		Waco, TX 76712			_		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/01/2025	Full name of contributor out-of-Neill, Robert  Contributor address; City; State; Zip Co	state PAC (ID#:	)		Amount of Contribution (\$)	\$58.65
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/27/2025	Neill, Robert  Contributor address; City; State; Zip Co		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	Waco, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/30/2025	Neill, Robert	state PAC (ID#:			Amount of Contribution (\$)	\$58.65
		Waco, TX 76712	1				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<b>i)</b>		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains hov	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 84/130 Rpt: 87/355	
2	FILER NAME McLennan C	County Republican Women PA	AC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/29/2025	<ul><li>5 Full name of contributor Neill, Robert</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_			7	Amount of Contribution (\$)	\$58.65
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions	s) I	9	Employer (See Instructions	;) 		
	Retired	panon, dos uno (eco mondono	,	•	Retired	,,		
	Date 05/13/2025	Full name of contributor Nobles, Dar Contributor address; City; S					Amount of Contribution (\$)	\$31.00
	Principal occu	waco, TX 76708 pation / Job title (See Instructions	s)		Employer (See Instructions	;) 		
	Retired	pation / dob title (dee motivations	,		Retired	,,		
	Date 02/11/2025	Full name of contributor Nobles, Darlene Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$50.00
		Waco, TX 76708						
	Principal occu Business Ow	pation / Job title (See Instructions vner	5)		Employer (See Instructions Self Employed	s)		
	Date 03/07/2025	Full name of contributor Nobles, Darlene Contributor address; City; S			)		Amount of Contribution (\$)	\$28.00
	Principal occu Business Ow	Waco, TX 76708  pation / Job title (See Instructions vner	5)		Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 04/08/2025	Full name of contributor Nobles, Darlene Contributor address; City; S Waco, TX 76708	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$10.00
	Principal occu Business Ov	pation / Job title (See Instructions vner	5)		Employer (See Instructions Self Employed	5)		

	MONET	ARY POLITICAL CONTRIB	UTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 85/130 Rpt: 88/355	
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 05/08/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76708 pation / Job title (See Instructions)	la	Employer (See Instructions	-/- 		
<u> </u>	Business Ow			Self Employed	·)		
	Date 06/06/2025	Full name of contributor		)		Amount of Contribution (\$)	\$28.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Business Ow			Self Employed	,		
	Date 02/06/2025	Full name of contributor		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/04/2025	Full name of contributor out-of-state Pandon Nobles, Dj  Contributor address; City; State; Zip Code  Waco, TX 76708		)	•	Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/05/2025	Full name of contributor out-of-state Pa Nolan, Jennifer  Contributor address; City; State; Zip Code  Waco, TX 76711		)	•	Amount of Contribution (\$)	\$29.48
		pation / Job title (See Instructions) Assistant Manager		Employer (See Instructions CareNet	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 86/130 Rpt: 89/355	
2	FILER NAME McLennan C	County Republican Women PAC	<u> </u>		3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 05/03/2025	5 Full name of contributor [ Norwood, Jo Anne	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$58.65
_	Dringing Lagge	Waco, TX 76708	To.	Employer (Coa Instructions	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 02/05/2025	Full name of contributor O'Day, Patricia Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$29.48
	Delicalization	Robinson, TX 76706		Frankrije (Ozakativati			
	Office Admin	pation / Job title (See Instructions) histrator		Employer (See Instructions Self Employed	5)		
	Date 03/05/2025	Full name of contributor O'Day, Patricia Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code		•	Amount of Contribution (\$)	\$29.48
		Robinson, TX 76706					
	Principal occu Office Admin	pation / Job title (See Instructions) histrator		Employer (See Instructions Self Employed	5)		
	Date 03/06/2025	Full name of contributor  Oborny, Tambralyn  Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$29.48
	Principal occu Retired	Pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> S)		
	Date 05/08/2025	Full name of contributor  Oborny, Tambralyn  Contributor address; City; Sta  Robinson, TX 76706	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$87.81
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			-				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 87/130 Rpt: 90/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/03/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
_	Delication of a con-	Crawford, TX 76638	_	Faralassa (Ossalasstasstissa			
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 06/05/2025	Full name of contributor out-of-state PAC (ID#:_ Ogden, Carol Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Drincinal occu	Crawford, TX 76638 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Retired	valion / Job title (See matrictions)		Retired	•)		
	Date 02/08/2025	Full name of contributor		)		Amount of Contribution (\$)	\$40.00
		Waco, TX 76710					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_Painter, Rosie  Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$10.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#:_Painter, Rosie  Contributor address; City; State; Zip Code  Waco, TX 76710				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDULE	E <b>A1</b>
	The Instru	ction Guide explains how to complete t	his for	n.	1	Total pages Schedule A1: Sch: 88/130 Rpt: 91/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 04/08/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 05/28/2025	Full name of contributor out-of-state PAC Painter, Rosie  Contributor address; City; State; Zip Code  Waco, TX 76710		Retired		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>                                      </u>		
	Date 06/10/2025	Full name of contributor out-of-state PAC Painter, Rosie  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	  -  s)		
	Retired			Retired			
	Date 03/11/2025	Full name of contributor  out-of-state PAC Patterson, Terri  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	Waco, TX 76711 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 01/02/2025	Full name of contributor out-of-state PAC Pearson, Barbara  Contributor address; City; State; Zip Code  China Spring, TX 76633		)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>(</u>		
			•				

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	ori	m.	1	Total pages Schedule A1: Sch: 89/130 Rpt: 92/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/01/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$56.00
_	Daine in a language	China Spring, TX 76633	_	Fundament (Construction			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 03/02/2025	Full name of contributor				Amount of Contribution (\$)	\$56.00
	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Retired	sation / oob title (oce monactions)		Retired	,,		
	Date 04/01/2025	Full name of contributor		)		Amount of Contribution (\$)	\$56.00
		China Spring, TX 76633					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/04/2025	Full name of contributor out-of-state PAC (ID#:_ Pearson, Barbara  Contributor address; City; State; Zip Code  China Spring, TX 76633				Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>.                                    </u>		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#:_ Pearson, Barbara  Contributor address; City; State; Zip Code  China Spring, TX 76633				Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		·					

	MONEI	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 90/130 Rpt: 93/355	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	McLennan C	County Republican Women PAC				00018802	
4	Date 01/03/2025	<ul><li>5 Full name of contributor</li><li>Peck, Gloria</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$50.00
		Waco, TX 76710					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 02/25/2025	Full name of contributor Peper, Amy Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.17
	5	Crawford, TX 76638		- / / / / /			
	Business Ow	pation / Job title (See Instructions)		Employer (See Instructions NuGenesis Medical Spa			
			, Traceriesis inealear Spa		Amount of Contribution (ft)		
	03/11/2025	Pezdek, Heidi  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00
		Lorena, TX 76655					
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions Self Employed	)		
	Date 03/31/2025	Full name of contributor  Pezdek, Heidi  Contributor address; City; State  Lorena, TX 76655	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions Self Employed	)		
	Date 05/09/2025	Full name of contributor Pezdek, Heidi Contributor address; City; State Lorena, TX 76655	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu Registered N	pation / Job title (See Instructions) Jurse		Employer (See Instructions Self Employed	)		

	MONEI	ARY POLITICAL CO	MIRIBUTIO	NS		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 91/130 Rpt: 94/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	County Republican Women PAC				00018802	
4	Date 05/28/2025	<ul><li>Full name of contributor</li><li>Pezdek, Heidi</li><li>Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ;; Zip Code	)	7	Amount of Contribution (\$)	\$10.00
		Lorena, TX 76655					
8	Principal occu Registered N	pation / Job title (See Instructions) Nurse	9	Employer (See Instructions Self Employed	)		
	Date 06/02/2025	Full name of contributor  Pezdek, Heidi  Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$56.00
	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions	.)		
	Registered N			Self Employed	')		
	Date 01/07/2025	Full name of contributor Phillips, Fran Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/09/2025	Full name of contributor Pirelo, Mary  Contributor address; City; State  Waco, TX 76710	out-of-state PAC (ID#: ;; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Sales	pation / Job title (See Instructions)		Employer (See Instructions Self-Employed	<u> </u>		
	Date 01/14/2025	Full name of contributor Plott, Doreen Contributor address; City; State Waco, TX 76708	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	Ν	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 92/130 Rpt: 95/355	
2	FILER NAME McLennan C	County Republican Women PA	AC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 01/14/2025	<ul><li>5 Full name of contributor Plott, Doreen</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$104.48
8	Principal occu	Waco, TX 76708 pation / Job title (See Instructions	5)	9	Employer (See Instructions	;) 		
•	Retired	panon, ees and (ees menaens.		-	Retired	-,		
	Date 06/04/2025	Full name of contributor Plott, Doreen Contributor address; City; S			)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	s)		
	Date 01/02/2025	Full name of contributor Pope, Wendelin Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$40.00
		Hewitt, TX 76643						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 01/03/2025	Full name of contributor Pope, Wendelin Contributor address; City; S Hewitt, TX 76643			)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	<u>l</u> 5)		
	Date 02/06/2025	Full name of contributor Price, Janet  Contributor address; City; S  Waco, TX 76705	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
			,					

	MONET	ARY POLITICAL CONTRIB	UTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 93/130 Rpt: 96/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 03/06/2025	<ul> <li>Full name of contributor  out-of-state P Price, Janet</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-		7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76705 pation / Job title (See Instructions)	l <sub>a</sub>	Employer (See Instructions	., 		
0	Retired	pation / Job title (See Instructions)	ا ا	Retired	>)		
	Date 04/04/2025	Full name of contributor out-of-state P Price, Janet  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76705			Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/09/2025	Full name of contributor out-of-state P Price, Janet  Contributor address; City; State; Zip Code	PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76705					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/05/2025	Full name of contributor out-of-state P Price, Janet  Contributor address; City; State; Zip Code  Waco, TX 76705		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 03/04/2025	Full name of contributor out-of-state P Purselley, Barbara  Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 94/130 Rpt: 97/355	
2	FILER NAME McLennan C	ounty Republican Women PA	vC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/06/2025	5 Full name of contributor Purselley, Barbara	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$28.00
0	Principal occu	Waco, TX 76710	., I	<u> </u>	Employer (See Instructions	·, 		
8	Retired	pation / Job title (See Instructions	)	9	Employer (See Instructions Retired	»)		
	Date 05/05/2025	Full name of contributor Purselley, Barbara Contributor address; City; S					Amount of Contribution (\$)	\$28.00
	Discipal	Waco, TX 76710	, I		For all 100 and 100 an	<u></u>		
	Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 06/03/2025	Full name of contributor Purselley, Barbara Contributor address; City; S	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710						
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	5)		
	Date 06/16/2025	Full name of contributor Putnam, Barbara Contributor address; City; S Waco, TX 76706	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired	<u>(</u> 5)		
	Date 01/02/2025	Full name of contributor Quiram, Helen Contributor address; City; S Waco, TX 76710	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how t	to complete this forr	m.	1	Total pages Schedule A1: Sch: 95/130 Rpt: 98/355	
2	FILER NAME	Sounty Danublican Waman DAC			3	Filer ID (Ethics Commission	n Filers)
_		County Republican Women PAC			L	00018802	
4	Date 02/03/2025	5 Full name of contributor [ Quiram, Helen	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$250.00
		6 Contributor address; City; Stat	te; Zip Code				
		Waco, TX 76710					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/01/2025	Quiram, Helen					\$29.48
		Contributor address; City; Stat	te; Zip Code				
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/31/2025	Quiram, Helen					\$29.48
		Contributor address; City; Stat	te; Zip Code				
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	05/31/2025	Quiram, Helen		,		<b>(</b> -,	\$58.65
		Contributor address; City; Stat					
		Waco, TX 76710					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>l</u> S)		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	02/26/2025	ROBB, JOY	_ `			.,	\$41.67
		Contributor address; City; Stat	te; Zip Code				
		Woodway, TX 76712					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	•	ATIVE ASST		BEAR CREEK CONSTR		CTION	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to co	omplete this form	m.	1	Total pages Schedule A1: Sch: 96/130 Rpt: 99/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	r Filers)
4	Date 02/28/2025	ROBB, JOY	c-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.48
_		Woodway, TX 76712	1-				
8	Principal occu	pation / Job title (See Instructions) ATIVE ASST	9	Employer (See Instructions BEAR CREEK CONSTR		CTION	
	Date 05/13/2025	Full name of contributor out Rafuse, RoseMary Contributor address; City; State; Zig				Amount of Contribution (\$)	\$28.00
	Delicalization	Crawford, TX 76638		Familiary (Carabatan)			
	Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	)		
	Date 05/04/2025	Full name of contributor out Ramos, Mary Contributor address; City; State; Zip	o Code	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76708					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/11/2025	Raphael, Susan  Contributor address; City; State; Zip	-of-state PAC (ID#: ) Code			Amount of Contribution (\$)	\$10.00
	Principal occu Retired	Waco, TX 76711 pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/14/2025	Full name of contributor out Reinhardt, Bobbie Contributor address; City; State; Zig Waco, TX 76712	o Code			Amount of Contribution (\$)	\$104.48
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			l				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 97/130 Rpt: 100/355	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 01/03/2025	5 Full name of contributor out-of-state PAC (ID#:_ Republican Party of McLennan County  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$260.73
_	Dringing! goog	Waco, TX 78740	Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Date 01/20/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Arnold Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$50.00
	Dringing! goog	Woodway, TX 76712	Employer (Con Instructions			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions) Retired	)		
	Date 01/18/2025	Full name of contributor out-of-state PAC (ID#:_ Reyes, Valerie Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$41.67
		Waco, TX 76712				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 01/10/2025	Full name of contributor out-of-state PAC (ID#:_Rice, Dawn  Contributor address; City; State; Zip Code  Waco, TX 76710	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 01/15/2025	Full name of contributor out-of-state PAC (ID#:_Rice, Graham  Contributor address; City; State; Zip Code  Woodway, TX 76712			Amount of Contribution (\$)	\$104.48
	Principal occu Managemen	pation / Job title (See Instructions)	Employer (See Instructions Neighborly	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 98/130 Rpt: 101/355	
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 01/06/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Ritch, Pamela</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$41.67
_	<u></u>	Waco, TX 76710	10 5 1 10 11 11			
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)		
	Date 02/06/2025	Full name of contributor out-of-state PAC (ID#:_Ritch, Pamela  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.48
		Waco, TX 76710 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Ritch, Pamela Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.48
		Waco, TX 76710				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Ritch, Pamela Contributor address; City; State; Zip Code Waco, TX 76710			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_Robinson, Suzy  Contributor address; City; State; Zip Code  McGregor, TX 76657			Amount of Contribution (\$)	\$112.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTI	ON	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 99/130 Rpt: 102/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 02/11/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$116.98
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	;) 		
0	Retired	pation / Job title (See Instructions)	ľ	Retired	P)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID# Robinson, Suzy Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$87.81
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 03/11/2025	Full name of contributor out-of-state PAC (ID#Robinson, Suzy  Contributor address; City; State; Zip Code	#: <u></u>	)	•	Amount of Contribution (\$)	\$68.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID) Robinson, Suzy Contributor address; City; State; Zip Code  McGregor, TX 76657		)		Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>s)</u>		
	Date 05/09/2025	Full name of contributor out-of-state PAC (ID#Robinson, Suzy  Contributor address; City; State; Zip Code  McGregor, TX 76657				Amount of Contribution (\$)	\$112.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 100/130 Rpt: 103/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/06/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$87.81
8	Principal occu	McGregor, TX 76657 Dation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Date 03/05/2025	Contributor address; City; State; Zip Code		Retired		Amount of Contribution (\$)	\$29.48
	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Ruhl, Karla  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$41.67
	Principal occu	McGregor, TX 76657  pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Date 06/06/2025	Full name of contributor out-of-state PAC (ID#:_Ruhl, Karla  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu	McGregor, TX 76657  pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_Ruiz, Glenda  Contributor address; City; State; Zip Code  Hewitt, TX 76643		)		Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 101/130 Rpt: 104/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/09/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$56.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	   i)		
	Retired	,		Retired	,		
	Date 01/14/2025	Full name of contributor out-of-state PAC (ID#:_ Russell, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$20.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_ Russell, David Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$56.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC (ID#:_ Russell, David Contributor address; City; State; Zip Code Woodway, TX 76712		)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_Russell, David  Contributor address; City; State; Zip Code  Woodway, TX 76712				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 102/130 Rpt: 105/355	j
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/10/2025	Saffel, Jimmy	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
8	Principal occur	Waco, TX 76711 pation / Job title (See Instructions)	la la	Employer (See Instructions	.)		
	Bio Tech Edu			ASEA	יי		
	Date 06/04/2025	Full name of contributor Sage, Texie  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$56.00
	Dringinal occur	Woodway, TX 76712 pation / Job title (See Instructions)	1	Employer (See Instructions	_		
	Retired	pation / Job title (See Instructions)		Retired	')		
	Date 06/16/2025	Full name of contributor  Sage, Texie  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/04/2025	Full name of contributor  Salmans, Scott  Contributor address; City; State;  McGregor, TX 76657	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions WRS Group	()		
	Date 02/21/2025	Salmans, Scott	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions WRS Group	· )		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	)N	IS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 103/130 Rpt: 106/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 04/03/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Salmans, Scott</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	CEO			WRS Group	,		
	Date 04/29/2025	Full name of contributor out-of-state PAC (ID#:_Salmans, Scott  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions WRS Group	s)		
	Date 01/07/2025	Full name of contributor out-of-state PAC (ID#:_Schreiber, Donald  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$56.00
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 06/02/2025	Full name of contributor out-of-state PAC (ID#:_Schroeder-Morren, Christine  Contributor address; City; State; Zip Code  Waco, TX 76708				Amount of Contribution (\$)	\$29.48
	Principal occu Program Dire	pation / Job title (See Instructions)		Employer (See Instructions LifeLines	<u> </u> 5)		
	Date 01/05/2025	Full name of contributor out-of-state PAC (ID#:_Schubert, Jennifer  Contributor address; City; State; Zip Code  Waco, TX 76707				Amount of Contribution (\$)	\$104.48
	Principal occu Teacher	oation / Job title (See Instructions)		Employer (See Instructions Self Employed	s)		

	MONET	ARY POLITICAL (	CONTRIBUTION	N:	S 		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 104/130 Rpt: 107/355	5
2	FILER NAME McLennan C	County Republican Women PA	AC .			3	Filer ID (Ethics Commission 00018802	r Filers)
4	Date 02/28/2025	<ul><li>5 Full name of contributor</li><li>Schubert, Jennifer</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:		)	7	Amount of Contribution (\$)	\$40.00
		Waco, TX 76707						
8	Principal occu Teacher	pation / Job title (See Instructions	9		Employer (See Instructions Self Employed	5)		
	Date 04/04/2025	Full name of contributor Scott, Aida Contributor address; City; Si			)		Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76708 pation / Job title (See Instructions	9		Employer (See Instructions	<u>:)</u>		
	Property Mai	` `	"		Self employed	"		
	Date 04/29/2025	Full name of contributor Scott, Aida Contributor address; City; Si	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$29.48
		Waco, TX 76708						
	Principal occu Property Mai	pation / Job title (See Instructions nager	(3)		Employer (See Instructions Self employed	s)		
	Date 03/04/2025	Full name of contributor Sessions, Pete Contributor address; City; Si Waco, TX 76701	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$208.33
	Principal occu Member of C	pation / Job title (See Instructions Congress	5)		Employer (See Instructions U.S. House of Represer		ives	
	Date 01/02/2025	Full name of contributor Shook, Rose Contributor address; City; Si Waco, TX 76708	out-of-state PAC (ID#:		)	•	Amount of Contribution (\$)	\$1.67
	Principal occu Realtor	pation / Job title (See Instructions	(3)		Employer (See Instructions Self Employed	5)		
			1					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 105/130 Rpt: 108/35	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 04/03/2025	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Shook, Rose</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$29.48
		Waco, TX 76708				
8	Principal occu Realtor	pation / Job title (See Instructions)	9 Employer (See Instructions Self Employed	)		
	Date 02/09/2025	Full name of contributor out-of-state PAC (ID#:_ Short, Patti Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.17
	Principal occu	McGregor, TX 76657 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See instructions)	Retired	,		
	Date 03/07/2025	Full name of contributor out-of-state PAC (ID#:_ Short, Patti Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$29.48
		McGregor, TX 76657				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_Short, Patti  Contributor address; City; State; Zip Code  McGregor, TX 76657			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 01/06/2025	Full name of contributor out-of-state PAC (ID#:_Shows, Geri Contributor address; City; State; Zip Code  Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Appraiser	pation / Job title (See Instructions)	Employer (See Instructions Self Employed	)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	orı	m.	1	Total pages Schedule A1: Sch: 106/130 Rpt: 109/355	
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/14/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Shows, Geri</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$40.00
8		Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	s)		
	Appraiser  Date 03/04/2025	Contributor address; City; State; Zip Code		Self Employed		Amount of Contribution (\$)	\$29.48
	Principal occu Appraiser	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> s)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_Shows, Geri  Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$29.48
	Principal occur	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions	<u>''</u>		
	Appraiser	oduon7 300 title (See mstructions)		Self Employed	·)		
	Date 02/09/2025	Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$21.15
	Principal occu Realtor	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions Coldwell Banker Apex F		ultors	
	Date 02/10/2025	Full name of contributor out-of-state PAC (ID#:_Siegmund, Charlotte  Contributor address; City; State; Zip Code  China Spring, TX 76633		)	-	Amount of Contribution (\$)	\$10.73
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Coldwell Banker Apex F		ultors	
			•				

	MONET	ARY POLITICAL CONTRIBUTION	Ν	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 107/130 Rpt: 110/355	,
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/07/2025	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$29.48
		China Spring, TX 76633					
8	Principal occu Realtor	pation / Job title (See Instructions)	9	Employer (See Instructions Coldwell Banker Apex F		ultors	
	Date 05/06/2025	Full name of contributor out-of-state PAC (ID#:_ Siegmund, Charlotte  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$29.48
	Principal occu	China Spring, TX 76633 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Realtor	,		Coldwell Banker Apex F		ultors	
	Date 02/21/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Karin  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$41.67
		Waco, TX 76710					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Karin  Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 02/07/2025	Full name of contributor out-of-state PAC (ID#:_Smith, Linda  Contributor address; City; State; Zip Code  McGregor, TX 76517				Amount of Contribution (\$)	\$29.48
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	5)		
			•				

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDULE	A1
	The Instruc	ction Guide explains how to	complete this forr	m.	1	Total pages Schedule A1: Sch: 108/130 Rpt: 111/355	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	McLennan C	ounty Republican Women PAC				00018802	
4	Date 04/03/2025	<ul><li>5 Full name of contributor Smith, Linda</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#: Zip Code	)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	McGregor, TX 76517 pation / Job title (See Instructions)	19	Employer (See Instructions	)		
-	Homemaker	,		Homemaker	,		
	Date 01/03/2025	Smith, Steve  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
	B :	Waco, TX 76701	1	- '0 ' '			
		pation / Job title (See Instructions) n Court of Appeals		Employer (See Instructions State of Texas	)		
				State of Texas			
	Date 02/04/2025	Full name of contributor Smith, Steve  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
		n Court of Appeals		State of Texas	,		
	Date 02/26/2025	Full name of contributor Smith, Susan Contributor address; City; State; Robison, TX 76706	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/26/2025	Full name of contributor  Smotherman, Rita  Contributor address; City; State;  Waco, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$40.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTR	RIBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to comp	lete this forr	m.	1	Total pages Schedule A1: Sch: 109/130 Rpt: 112/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/06/2025			)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	9	Employer (See Instructions	) i)		
	Date 04/03/2025	Stamps, Connie		Retired		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> 5)		
	Date 05/08/2025	Full name of contributor out-of-sta  Stamps, Connie  Contributor address; City; State; Zip Cod	ate PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 05/28/2025	Stamps, Connie		Retired		Amount of Contribution (\$)	\$31.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/05/2025	Stamps, Connie	ate PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 110/130 Rpt: 113/355	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/26/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$20.83
		Thornton, TX 76557				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date 01/09/2025	Full name of contributor out-of-state PAC (ID#:_Staples, Judith  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$58.65
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 03/04/2025	Full name of contributor out-of-state PAC (ID#:_ Staples, Judith Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/02/2025	Full name of contributor out-of-state PAC (ID#:_ Staples, Judith Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 05/08/2025	Full name of contributor out-of-state PAC (ID#:_Staples, Judith  Contributor address; City; State; Zip Code  Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how t	to complete this for	m.	1	Total pages Schedule A1: Sch: 111/130 Rpt: 114/35	5
2	FILER NAME McLennan C	ounty Republican Women PAC	,		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 05/30/2025	5 Full name of contributor Staples, Judith 6 Contributor address; City; State	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$29.48
0	Dringing Loggy	Woodway, TX 76712	I <sub>0</sub>	Employer /Coo Instructions			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	•)		
	Date 02/23/2025	Full name of contributor  Stevens, Kim  Contributor address; City; Stat				Amount of Contribution (\$)	\$250.00
	Dringing! goog	Waco, TX 76710		Employer (See Instructions	_		
	Events & We	pation / Job title (See Instructions) eddings		Self-employed	')		
	Date 01/21/2025	Full name of contributor  Stewart, Loyette  Contributor address; City; Stat	out-of-state PAC (ID#: ie; Zip Code	)		Amount of Contribution (\$)	\$40.00
		Waco, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/05/2025	Full name of contributor  Stewart, Loyette  Contributor address; City; Stat  Waco, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 05/02/2025	Full name of contributor Stovall, Mercedes Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$58.65
	Principal occu Salon owner	pation / Job title (See Instructions)		Employer (See Instructions Self employed	()		
			<u>,                                      </u>				

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 112/130 Rpt: 115/355	5
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/20/2025	Full name of contributor     Stovall-Mendoza, Mercede     Contributor address; City; Sta		)	7	Amount of Contribution (\$)	\$40.00
_	Duinning Langu	Axtell, TX 76624		Frankrian (Caa Instructions			
8	Stylist	pation / Job title (See Instructions)	9	Employer (See Instructions Salon owner	5)		
	Date 01/06/2025	Full name of contributor [ Stucky, Shirley Ann Contributor address; City; Sta		)		Amount of Contribution (\$)	\$52.40
	Principal occu	waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	 ;)		
	Retired			Retired			
	Date 01/10/2025	Full name of contributor Sullivan, Deborah Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$29.48
		China Springs, TX 76633					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/10/2025	Full name of contributor Sullivan, Deborah Contributor address; City; Sta China Springs, TX 76633	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$62.50
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/06/2025	Full name of contributor Sullivan, Deborah Contributor address; City; Sta China Springs, TX 76633	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$58.65
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			<u>,                                     </u>				

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis for	m.	1	Total pages Schedule A1: Sch: 113/130 Rpt: 116/35	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/11/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$20.00
0	Dringing aggr	Woodway, TX 76712	ام	Employer (See Instructions	<u></u>		
8	Legislative A	pation / Job title (See Instructions) id	9	Employer (See Instructions State of Texas	»)		
	Date 03/31/2025	Full name of contributor out-of-state PAC Surdy, Ethan  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712			<u></u>		
	Legislative A	pation / Job title (See Instructions) id		Employer (See Instructions State of Texas	5)		
	Date 03/06/2025	Full name of contributor out-of-state PAC Taylor, Anne  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$58.65
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
	Date 02/17/2025	Full name of contributor out-of-state PAC Taylor, Dena Contributor address; City; State; Zip Code  Robinson, TX 76706		)		Amount of Contribution (\$)	\$104.17
	Principal occu Executive	pation / Job title (See Instructions)		Employer (See Instructions ArchSpec Sales	s)		
	Date 02/02/2025	Full name of contributor out-of-state PAC Taylor, Mary Anne  Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$41.67
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
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	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 114/130 Rpt: 117/355	j
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/21/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:e; Zip Code		7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Waco, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Retired			Retired			
	Date 01/08/2025	Full name of contributor Tipton, Barbara Contributor address; City; State	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 01/08/2025	Full name of contributor Tipton, Barbara Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$40.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/07/2025	Full name of contributor Tipton, Barbara Contributor address; City; State Woodway, TX 76712	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 02/09/2025	Full name of contributor Tipton, Barbara Contributor address; City; State Woodway, TX 76712	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 115/130 Rpt: 118/355	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/04/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_ Tipton, Barbara</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions) Retired	)		
	Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:_ Tipton, Barbara  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions			
	Retired	pation / 300 title (See Instructions)	Retired	,		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Tipton, Barbara Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 06/04/2025	Full name of contributor out-of-state PAC (ID#:_ Tipton, Barbara Contributor address; City; State; Zip Code Woodway, TX 76712	)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/04/2025	Full name of contributor out-of-state PAC (ID#:_ Tullis, Rick Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	n.	1	Total pages Schedule A1: Sch: 116/130 Rpt: 119/35	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 04/16/2025	Full name of contributor     Tullis, Rick     Contributor address; City; Star	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$260.73
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions	) ()		
Ü	Retired	pation / oob title (occ motivations)		Retired	')		
	Date 03/04/2025	Full name of contributor  Turner, Kathy  Contributor address; City; Sta				Amount of Contribution (\$)	\$40.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 03/07/2025	Full name of contributor  Turner, Kathy  Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$28.00
		McGregor, TX 76657					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/05/2025	Full name of contributor Umberger, Charlene Contributor address; City; Star Waco, TX 76710	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 02/11/2025	Full name of contributor Umberger, Charlene Contributor address; City; Star Waco, TX 76710	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			-				

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to con	nplete this forr	m.	1	Total pages Schedule A1: Sch: 117/130 Rpt: 120/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/05/2025	Umberger, Charlene	f-state PAC (ID#:		7	Amount of Contribution (\$)	\$28.00
8	Dringing Loggy	Waco, TX 76710	lo.	Employer (See Instructions			
0	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	)		
	Date 05/08/2025	Full name of contributor out-of Umberger, Charlene Contributor address; City; State; Zip C	f-state PAC (ID#:			Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired	,		
	Date 06/05/2025	Full name of contributor out-of Umberger, Charlene Contributor address; City; State; Zip C	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/15/2025	Vallejo, Carla	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/30/2025	Vilade, Cristi	f-state PAC (ID#:	)		Amount of Contribution (\$)	\$29.48
	Principal occu Associate	pation / Job title (See Instructions)		Employer (See Instructions Waco Mama Bear	5)		
			1				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 118/130 Rpt: 121/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 02/12/2025	<ul> <li>Full name of contributor  out-of-state PAC (Vilade, Cristi</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$41.67
_	5	Waco, TX 76705	- la	5 1 (0 1 1 1			
8	Associate	pation / Job title (See Instructions)	9	Employer (See Instructions Waco Mama Bear	5)		
	Date 04/02/2025	Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$28.00
	Principal occu	Waco, TX 76705 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Associate	,		Waco Mama Bear	•		
	Date 01/08/2025	Full name of contributor out-of-state PAC ( Wagner, Faye  Contributor address; City; State; Zip Code		)	•	Amount of Contribution (\$)	\$29.48
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/07/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	Lorena, TX 76655 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> s)		
	Date 03/06/2025	Full name of contributor out-of-state PAC ( Wagner, Faye  Contributor address; City; State; Zip Code  Lorena, TX 76655		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRI	IBUTION	S		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	n.	1	Total pages Schedule A1: Sch: 119/130 Rpt: 122/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 04/03/2025	<ul> <li>Full name of contributor  out-of-state  Wagner, Faye</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$28.00
8	Principal occu	Lorena, TX 76655 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Retired	,		Retired	,		
	Date 05/08/2025	Wagner, Faye				Amount of Contribution (\$)	\$28.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 05/28/2025	Full name of contributor out-of-state Wagner, Faye Contributor address; City; State; Zip Code	te PAC (ID#:			Amount of Contribution (\$)	\$10.00
		Lorena, TX 76655					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 06/03/2025	Wagner, Faye				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/05/2025	Walter, Ashley		)		Amount of Contribution (\$)	\$29.48
	Principal occu Chief of Staff	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
			ı				

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to	o complete this forn	n.	1	Total pages Schedule A1: Sch: 120/130 Rpt: 123/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 06/10/2025	<ul><li>5 Full name of contributor Walter, Ashley</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$20.00
Ω	Dringinal occur	Hutto, TX 78634 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	Chief of Staff		3	State of Texas	·)		
	Date 01/05/2025	Full name of contributor Weber, Bob Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu	Killeen, TX 76542 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	,		Retired	,		
	Date 02/26/2025	Full name of contributor  West, Hannah  Contributor address; City; State	out-of-state PAC (ID#:e; Zip Code			Amount of Contribution (\$)	\$41.67
		Waco, TX 76712					
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions La Vega ISD	5)		
	Date 01/02/2025	Full name of contributor West, Stephanie Contributor address; City; State Waco, TX 76712				Amount of Contribution (\$)	\$260.73
	Principal occu Business Ow	pation / Job title (See Instructions) ner		Employer (See Instructions Self Employed	()		
	Date 02/04/2025	Full name of contributor West, Stephanie Contributor address; City; State Waco, TX 76712	out-of-state PAC (ID#:e; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self Employed	i)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to o	complete this form	n.	1	Total pages Schedule A1: Sch: 121/130 Rpt: 124/355	j
2	FILER NAME McLennan C	County Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/07/2025	West, Stephanie	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$21.15
8	Dringing coou	Waco, TX 76712	lo.	Employer (See Instructions	_		
•	Business Ow	pation / Job title (See Instructions) vner		Self Employed	·)		
	Date 03/07/2025	Full name of contributor of contributor of contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Delicalization	Waco, TX 76712		Farabasa (Ossabastas tisas			
	Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	i)		
	Date 04/08/2025	Full name of contributor of contributor of contributor address; City; State; Z	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$29.48
		Waco, TX 76712					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	)		
	Date 05/07/2025	West, Thomas  Contributor address; City; State; 2		)		Amount of Contribution (\$)	\$27.40
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	<u>;</u> )		
	Date 06/03/2025	West, Thomas	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	i)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	N	S		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 122/130 Rpt: 125/355	5
2	FILER NAME McLennan C	ounty Republican Women PA	С			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 06/06/2025	<ul><li>5 Full name of contributor Whelan, Dawn</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$260.73
_	Dringing Loon	Elm Mott, TX 76640	\	_	Employer (Coo Instructions	<u></u>		
8		pation / Job title (See Instructions rivate Events	)	, 	Employer (See Instructions Baylor Club	5)		
	Date 03/28/2025	Full name of contributor Whitby, Dave Contributor address; City; St			)		Amount of Contribution (\$)	\$29.48
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions	) 1		Employer (See Instructions	;) 		
	retired		,		Retired	,		
	Date 01/03/2025	Full name of contributor White, Barbara Contributor address; City; St	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$58.65
		Waco, TX 76706						
	Principal occu Business Ow	pation / Job title (See Instructions ner	)		Employer (See Instructions Self Employed	5)		
	Date 02/28/2025	Full name of contributor White, Barbara Contributor address; City; St.			)		Amount of Contribution (\$)	\$58.65
	Principal occu Business Ow	Waco, TX 76706 pation / Job title (See Instructions /ner			Employer (See Instructions Self Employed	<u> </u> 5)		
	Date 03/11/2025	Full name of contributor White, Barbara Contributor address; City; St. Waco, TX 76706	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$28.00
	Principal occu Business Ow	pation / Job title (See Instructions			Employer (See Instructions Self Employed	s)		
			1					

	MONET	ARY POLITICAL CONTRIBU	TION	IS		SCHEDULE	E <b>A1</b>
	The Instruc	ction Guide explains how to complete th	nis fori	m.	1	Total pages Schedule A1: Sch: 123/130 Rpt: 126/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	ı Filers)
4	Date 04/02/2025	<ul> <li>Full name of contributor  uut-of-state PAC  White, Barbara</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$29.48
8	Dringinal occur	Waco, TX 76706 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/_		
0	Business Ow			Self Employed	•)		
	Date 01/14/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$40.00
	Principal occu	Axtell, TX 76624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Deputy Sher	iff		McLennan County			
	Date 01/08/2025	Full name of contributor  ut-of-state PAC Whitsell, Lori  Contributor address; City; State; Zip Code	(ID#:	)		Amount of Contribution (\$)	\$29.48
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 01/30/2025	Full name of contributor out-of-state PAC Whitsell, Lori Contributor address; City; State; Zip Code Woodway, TX 76712		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/09/2025	Full name of contributor out-of-state PAC Whitsell, Lori Contributor address; City; State; Zip Code Woodway, TX 76712		)		Amount of Contribution (\$)	\$21.15
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 124/130 Rpt: 127/355	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 02/27/2025	5 Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$29.48
_		Woodway, TX 76712				
8	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions     Retired	)		
	Date 03/28/2025	Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$21.15
		Woodway, TX 76712				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 04/30/2025	Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date 05/31/2025	Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori Contributor address; City; State; Zip Code Woodway, TX 76712			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 125/130 Rpt: 128/355	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 06/02/2025	5 Full name of contributor out-of-state PAC (ID#:_ Whitsell, Lori  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$21.15
_		Woodway, TX 76712				
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions) Retired	)		
	Date 01/08/2025	Full name of contributor out-of-state PAC (ID#:_ Wilhite, Laura Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$29.48
	Principal occu Business Ov	Eddy, TX 76524  upation / Job title (See Instructions)  wner	Employer (See Instructions Self Employed	)		
	Date 02/04/2025	Full name of contributor out-of-state PAC (ID#: Wilhite, Laura Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$29.48
	Principal occu	Eddy, TX 76524  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Business Ov		Self Employed			
	Date 02/11/2025	Full name of contributor out-of-state PAC (ID#:_ Wilhite, Laura  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$10.00
	Principal occu Business Ov	Eddy, TX 76524  upation / Job title (See Instructions) wner	Employer (See Instructions Self Employed	)		
	Date 03/05/2025	Full name of contributor out-of-state PAC (ID#:_Wilhite, Laura  Contributor address; City; State; Zip Code  Eddy, TX 76524	)		Amount of Contribution (\$)	\$29.48
	Principal occu Business Ov	pation / Job title (See Instructions) vner	Employer (See Instructions Self Employed	)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 126/130 Rpt: 129/355	5
2	FILER NAME McLennan C	ounty Republican Women PA			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 03/28/2025	<ul><li>5 Full name of contributor</li><li>Wilhite, Laura</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$29.48
8	Principal occu Business Ow	Eddy, TX 76524 pation / Job title (See Instructions) wner	9	Employer (See Instructions Self Employed	s)		
	Date 05/06/2025	Full name of contributor Wilhite, Laura  Contributor address; City; Sta				Amount of Contribution (\$)	\$29.48
	Principal occu Business Ow	pation / Job title (See Instructions) vner		Employer (See Instructions Self Employed	<u>s)</u>		
	Date 06/03/2025	Full name of contributor Wilhite, Laura Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)	•	Amount of Contribution (\$)	\$29.48
	Principal occu	Eddy, TX 76524 pation / Job title (See Instructions)		Employer (See Instructions	 s)		
	Business Ow	vner		Self Employed			
	Date 02/07/2025	Full name of contributor Williams, Barbara Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$28.00
	Principal occu Realtor	Woodway, TX 76712 pation / Job title (See Instructions)		Employer (See Instructions Carmille Johnson Realte	•		
	Date 02/28/2025	Full name of contributor Williams, Barbara Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code	)		Amount of Contribution (\$)	\$28.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Carmille Johnson Realte			

	MONET	ARY POLITICAL CONTRIBUTIO	<b>N</b>	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 127/130 Rpt: 130/355	i
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 05/28/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$33.00
8	Dringing occu	Woodway, TX 76712	0	Employer (See Instructions			
•	Realtor	pation / Job title (See Instructions)	э 	Carmille Johnson Realto			
	Date 06/05/2025	Full name of contributor				Amount of Contribution (\$)	\$29.48
	Dringing! goog	Woodway, TX 76712		Employer (See Instructions	_		
	Realtor	pation / Job title (See Instructions)		Carmille Johnson Realto			
	Date 02/11/2025	Full name of contributor		)		Amount of Contribution (\$)	\$20.00
		Woodway, TX 76712					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	i)		
	Date 02/05/2025	Full name of contributor out-of-state PAC (ID#:_Williams, Lori  Contributor address; City; State; Zip Code  Crawford, TX 76638				Amount of Contribution (\$)	\$41.67
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	<u>(</u>		
	Date 01/10/2025	Full name of contributor out-of-state PAC (ID#:_ Williams, Nancy Contributor address; City; State; Zip Code  Waco, TX 76710		)		Amount of Contribution (\$)	\$28.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	()		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE	<b>A1</b>
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 128/130 Rpt: 131/355	j
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/13/2025	Williams, Nancy	out-of-state PAC (ID#: Zip Code		7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Waco, TX 76710 pation / Job title (See Instructions)	اه	Employer (See Instructions			
Ü	Retired	pation / vob title (see motivations)		Retired	')		
	Date 02/06/2025	Full name of contributor		)		Amount of Contribution (\$)	\$28.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/11/2025	Full name of contributor  Williams, Nancy  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$30.00
		Waco, TX 76710					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 03/06/2025	Full name of contributor				Amount of Contribution (\$)	\$28.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
	Date 04/03/2025	Williams, Nancy	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			·				

	MONET	ARY POLITICAL CONTRIBUT	ΓΙΟΝ	IS		SCHEDULE	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete th	is for	m.	1	Total pages Schedule A1: Sch: 129/130 Rpt: 132/355	5
2	FILER NAME McLennan C	ounty Republican Women PAC			3	Filer ID (Ethics Commission 00018802	Filers)
4	Date 01/31/2025	<ul> <li>Full name of contributor  out-of-state PAC (Williams, Sandra</li> <li>Contributor address; City; State; Zip Code</li> </ul>			7	Amount of Contribution (\$)	\$56.00
8	Principal occu	Woodway, TX 76712 pation / Job title (See Instructions)	9	Employer (See Instructions	 		
	Retired	, ,		Retired	•		
	Date 03/06/2025	Full name of contributor out-of-state PAC ( Williams, Sandra  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$56.00
		Woodway, TX 76712					
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 04/01/2025	Full name of contributor out-of-state PAC ( Williams, Sandra  Contributor address; City; State; Zip Code	ID#:	)		Amount of Contribution (\$)	\$28.00
		Woodway, TX 76712					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 05/08/2025	Full name of contributor out-of-state PAC ( Williams, Sandra  Contributor address; City; State; Zip Code  Woodway, TX 76712		)		Amount of Contribution (\$)	\$56.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u>I</u> S)		
	Date 01/31/2025	Full name of contributor out-of-state PAC ( Wright, Jane Contributor address; City; State; Zip Code  Waco, TX 76708		)		Amount of Contribution (\$)	\$29.48
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1		
	The Instru	The Instruction Guide explains how to complete this form.		1	Total pages Schedule A1: Sch: 130/130 Rpt: 133/35	5
2	FILER NAME McLennan C	County Republican Women PAC		3	Filer ID (Ethics Commission 00018802	n Filers)
4	Date 03/27/2025	5 Full name of contributor out-of-state PAC (ID#:_ Wright, Jane  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$29.48
_		Waco, TX 76708				
8	Principal occu Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/04/2025 Wright, Jane  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76708  upation / Job title (See Instructions)	Employer (See Instructions Retired	)		
	Date Full name of contributor out-of-state PAC (ID#:  05/31/2025 Wright, Jane  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$29.48
	Principal occu	Waco, TX 76708  upation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired		Retired			
	Date 01/01/2025	Full name of contributor out-of-state PAC (ID#:_ Zimmerman, Donna Contributor address; City; State; Zip Code HEWITT, TX 76643	)		Amount of Contribution (\$)	\$104.48
	Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions Retired	)		
	Date 01/03/2025	Full name of contributor out-of-state PAC (ID#:_najvar, michael  Contributor address; City; State; Zip Code  gonzales, TX 78629			Amount of Contribution (\$)	\$104.48
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instruction Retired		Employer (See Instructions Retired	)		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/10/2025	Albert Joel Valdez Sr.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	3836 N. 19th Street
Expenditure from corporate funds	Waco, TX 76708
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	DJ Services for Inagural Party
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Daysa nama
01/06/2025	Payee name Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$82.97	1200 12th Avenue South, Suite 1200
Expenditure from	
corporate funds	Seattle, WA 98144
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Door Prizes for Inagural Party
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/08/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$6.48	1200 12th Avenue South, Suite 1200
Expenditure from corporate funds	Seattle, WA 98144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Door Prizes for Inagural Party
0 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/13/2025	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$297.63	1200 12th Avenue South, Suite 1200
Expenditure from corporate funds	Seattle, WA 98144
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Computer Accessories
	Computer Accessories
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/05/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$48.98	1200 12th Avenue South, Suite 1200
Expenditure from corporate funds	Seattle, WA 98144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Ink Cartridges for Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/05/2025	Amazon
Amount (\$)	Payee address; City; State; Zip Code
\$206.77	1200 12th Avenue South, Suite 1200
Expenditure from corporate funds	Seattle, WA 98144
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	New Member Prizes & Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor		Travel in Dis Travel Out o	
		The Instruction Guide explains how to complete this form.	_		
1	Total pages Schedule F1:		3	Filer ID	(Ethics Commission Filers)
	Sch: 3/222 Rpt:	McLennan County Republican Women PAC		0001880	2
4	Date	5 Payee name			
	06/17/2025	Amazon			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$45.19	1200 12th Avenue South, Suite 1200			
	Expenditure from corporate funds	Seattle, WA 98144			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE		louts	side of Texas. C	Complete Schedule T.
	EXPENDITURE	Check if Aus		K, officeholder li	ving expense
		Speaker Gi	ts		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought		Office	e held
	Date	Payee name			
	01/01/2025	Anedot, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$1.90	1340 Poydras Street, Suite 1770			
	Expenditure from corporate funds	New Orleans, LA 70112			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	1 000		side of Texas. C K, officeholder li	Complete Schedule T.
		Fundraising			
		T dildidising	1 14	alomi i cc	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office	a hold
	expenditure to benefit C/O			Office	, riciu
	Date	Payee name			
	01/01/2025	Anedot, Inc.			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$4.48	1340 Poydras Street, Suite 1770			
	- Companyity was finance				
	Expenditure from corporate funds	New Orleans, LA 70112			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		louts	side of Texas. C	Complete Schedule T.
	EXPENDITURE			K, officeholder li	
		Fundraising	Pla	tform Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought		Office	e held
	expenditure to benefit C/O				

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/01/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tananasang Flatian i Sa
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	<u> </u>
Date	Payee name
01/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to bettern 6/01	<u> </u>
Date	Payee name
01/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit even	·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/222 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
01/01/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.42	1340 Poydras Street, Suite 1770		
- "			
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
	T dilataloning Flattomi F 60		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/Ol			
Data			
Date	Payee name		
01/01/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.65	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee		
	Tunuraising Flation Tree		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·		
Date	Payee name		
01/02/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$10.73	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			
experientare to beliefit 6/01	·		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/222 Rpt:	McLennan County Republican Women PAC 00018802
4	Date	5 Payee name
	01/02/2025	Anedot, Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1.48	1340 Poydras Street, Suite 1770
	Expenditure from corporate funds	New Orleans, LA 70112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
_	OF	Fees  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of or	
	Date	Payee name
	01/02/2025	Anedot, Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.90	1340 Poydras Street, Suite 1770
_	- Evnanditura from	
	Expenditure from corporate funds	New Orleans, LA 70112
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
		Fundraising Flationn Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<b>o</b>
	Date	Daving marks
	01/02/2025	Payee name Anedot, Inc.
	Amount (\$) \$1.97	Payee address; City; State; Zip Code
	ФТ.97	1340 Poydras Street, Suite 1770
Г	Expenditure from	New Orleans I A 70110
<u></u>	corporate funds	New Orleans, LA 70112
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taylor Camplete Schedule T
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
01/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Φ1.42	1340 Poyuras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to con	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
01/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coc	le
\$4.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		Tit Office field
Data		
Date	Payee name	
01/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	e
\$4.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		Ç
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	-1	
Date	Payee name	
01/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	le
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(4) 0	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experience to beliefit 6/01	•	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 9/222 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
01/03/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Fees Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/03/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.65	1340 Poydras Street, Suite 1770			
Ψ2.00	10 to 1 Gyarde Galoot, Gallo 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
01/03/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$10.73	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee			
	Fullulaising Flationin Fee			
Occupation Children	On the Company of the			
Complete ONLY if direct expenditure to benefit C/O	Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
oxponditure to benefit 0/0	•			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 10/222 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
01/03/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$10.73	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
01/03/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$2.65	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			
Date	Payee name		
01/03/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
-	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OH		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.40	1340 Poydras Street, Suite 1770
Ψ2.10	10 to 1 Gyarde Galoot, Gallo 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
01/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
<del></del>	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
01/05/2025	Anedot, Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 13/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$21.15	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
01/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
41.12	10 to to oyutus sures 11 to
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Φ1.90	1540 Foydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
CAPCITALITIE TO DETICITE C/OI	·
<u></u>	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 14/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
01/05/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	Fundation Fee	
O Committee Chilly W. F.	Overfields (Office health and an annual control of the second of the sec	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
01/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2.65	1340 Poydras Street, Suite 1770	
¥=.55		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
experiulture to beriefit C/Or		
Date	Payee name	_
01/06/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	-
\$1.48	1340 Poydras Street, Suite 1770	
Ψ1.40	10 to to Sydiac Office (Control 11 to	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		-
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
expenditure to benefit C/OI	<b>y</b>	
		_

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
01/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.40	1340 Poydras Street, Suite 1770
72	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Φ1.97	1340 Foyulas Stieet, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 16/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.73	1340 Poydras Street, Suite 1770
- "	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4
Date	Payee name
01/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	a anathoning in taxonining of
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Ψ1.01	1040 F Gyards Gareet, Garle 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 17/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
01/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Φ1.42	1340 Poyuras Sireet, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/1 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 18/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fulldialsing Flation in Fee
O Commission Chilly W. F.	Out like to 100 and the transport of the second to 100 and the transport of the transport o
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
*	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialture to beriefit C/Or	
Date	Payee name
01/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
42.01	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>U</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 19/222 Rpt:	McLennan County Republican Women PAC 00018802	
4	Date	5 Payee name	
	01/07/2025	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.54	1340 Poydras Street, Suite 1770	
	Expenditure from corporate funds	New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORE	Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
_	Complete ONLY if alias -t	Condidate/Officeholder name Office country	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/07/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.54	1340 Poydras Street, Suite 1770	
_	T Expenditure from		
L	corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
		. undrated by Figure 1.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/07/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.48	1340 Poydras Street, Suite 1770	
	Ψ1.40	1040 F Gydras Circot, Gaile 1770	
	Expenditure from corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	•		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 20/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutuising Flatform F CC
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 21/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
— Foresedit ve from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T unutuising T lattorn T ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	1340 Poyulas Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
One what ONE Wife disease	Our didn't lotter had a grant of the country of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Evponditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LADITORL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete CALL V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 22/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T difficulting T latterini T ee
O Commists ONE Y''	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.42.3.3.3.3.63.63.63.63.6	
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tunulaising Flationin Fee
Commission ONLY if dispose	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	- anatalong - landini i co
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 23/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
42.0	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
01/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ1.40	1040 F Gyurus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages The Instruction Guide explains how to comple	s/Contract Labor OTHER (enter a category not listed above)  ete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 24/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
01/09/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H	
Date	Payee name	
01/09/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	Н	
Date	Payee name	
01/09/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.40	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 25/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
01/09/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		undraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
01/09/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	'	undialising Flation Free
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	•	
Date	Payee name	
01/09/2025	Anedot, Inc.	
Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770	
Ψ1.40	1340 F Oyuras Street, Suite 1770	
Expenditure from	Now Orleans I A 70112	
corporate funds	New Orleans, LA 70112	
PURPOSE OF	, , , , , , , , , , , , , , , , , , ,	Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees L	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	⁄H	
<u></u>		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this for	m.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 26/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
01/10/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
OF EXPENDITURE	1 1 000	if travel outside of Texas. Complete Schedule T.
	1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 — 1 —	if Austin, TX, officeholder living expense
	Fundrai	ising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
01/10/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
OF EXPENDITURE	1 1 003	if travel outside of Texas. Complete Schedule T.
	I	if Austin, TX, officeholder living expense ising Platform Fee
	Funda	Sing Flation in Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Cilide Held
Data		
Date 01/10/2025	Payee name Anedot, Inc.	
	•	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descripti	ion
OF EXPENDITURE	1 1 663	if travel outside of Texas. Complete Schedule T.
	I	if Austin, TX, officeholder living expense sing Platform Fee
	Fullulai	Sing Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	<b>U</b>	Office field

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Travel Labor OTHER

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 27/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/10/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tundraising Flation in Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_, _, _, _, _, _, _, _, _, _, _, _, _, _	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/10/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) a
OF OF	Category (See Categories listed at the top of this schedule)  Fees  CD Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.80	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit eye	
Date	Payee name
01/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 29/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
01/10/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$4.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/OI	I Candidate/Officeholder name Office sought Office held	
experientare to benefit ever		
Date	Payee name	
01/11/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T undituiting Flatform F ee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	
Date	Davies warms	_
01/12/2025	Payee name Anedot, Inc.	
	·	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Operation Objects "	Our distance (Office health as marries and Office health as marries and Of	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
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#### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 30/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
01/12/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$2.40	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Data	<u> </u>	_
Date	Payee name	
01/14/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.13	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Date	Payee name	_
01/14/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2.80	1340 Poydras Street, Suite 1770	
72.00		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
-	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	i unulasing Flationii Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/14/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(b) 0 · ·
OF OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	-
Date	Payee name
01/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.78	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
experience to believe experience	
Date	Payee name
01/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITURL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiancie to benefit O/O/1	
İ	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 32/222 Rpt:	McLennan County Republican Women PAC	00018802
4	Date	5 Payee name	
	01/14/2025	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.54	1340 Poydras Street, Suite 1770	
E	Expenditure from corporate funds	New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		l outside of Texas. Complete Schedule T.
		1	n, TX, officeholder living expense
		Fundraising	Platform Fee
Ļ	Complete ONII V if direct	Condidate/Officeholder remark	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Г	Date	Payee name	
	01/14/2025	Anedot, Inc.	
H	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.10	1340 Poydras Street, Suite 1770	
l			
E	Expenditure from corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	l outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Fundraising	Platform Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/Ol	1	
Г	Date	Payee name	
	01/14/2025	Anedot, Inc.	
Н	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.90	1340 Poydras Street, Suite 1770	
	Ψ1.50	1040 F Sydras Street, Salte 1770	
┎	Expenditure from corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 CC3	outside of Texas. Complete Schedule T.
	LAFENDITORE		n, TX, officeholder living expense
		Fundraising	Platform Fee
$ldsymbol{f eta}$			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to beliefit 6/01	•	
L			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 33/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/14/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	anatalong nation to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.70	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
01/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 34/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/14/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.30	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T undraising Flation Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payon namo
01/14/2025	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit eye	···
Date	Payee name
01/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 35/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/15/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T and along Flattonin 1 00
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/16/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_, _, _,, _,, _,,	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONLL V if dispose	Condidate/Office helder no rec
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
01/16/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.80	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Superiores to borront O/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 36/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/18/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T dildidishing Flatforni Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/21/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
0 1 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/23/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exper Legal Services  The Instruction Guide 6	Salaries/\	xpens Vages	se s/Contract Labor		Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAM		•			3	Filer ID (Et	nics Commission Filers)
	Sch: 37/222 Rpt:	1	County Republican \	Women PAC			ľ	00018802	,
4	Date	5 Payee name	e			•	_		
	01/29/2025	Anedot, In	c.						
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip Co	ode				
	\$1.42	1340 Poyo	Iras Street, Suite 177	0					
	Expenditure from corporate funds	New Orlea	ıns, LA 70112						
8	PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the top	of this schedule)	(b)		, TX,	ide of Texas. Complete , officeholder living expe tform Fee	
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office held	
	Date	Payee name	<del></del> e						
	01/29/2025	Anedot, In	C.						
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode				
	\$1.48	1340 Poyo	Iras Street, Suite 177	0					
	Expenditure from corporate funds	New Orlea	ns, LA 70112						
	PURPOSE OF EXPENDITURE	(a) Category (a) Fees	See Categories listed at the top	of this schedule)	(b)	<b>—</b>	, TX,	ide of Texas. Complete , officeholder living expe tform Fee	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ıght			Office held	
	Date	Payee name	e						
	01/29/2025	Anedot, In	c.						
	Amount (\$) \$1.48	Payee addr 1340 Poyo	ess; City; Iras Street, Suite 177	State; Zip Co	ode				
	Expenditure from corporate funds	New Orlea	ns, LA 70112						
	PURPOSE OF EXPENDITURE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	ш	, TX,	ide of Texas. Complete , officeholder living expe tform Fee	
	Complete ONLY if direct expenditure to benefit C/Oh		ficeholder name	Office sou	ıght			Office held	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)
Sch: 38/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
01/29/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Categories instead at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  OH	
Date	Payee name	
01/29/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T dilutaising Flationin Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
01/29/2025	Anedot, Inc.	
Amount (\$)		
\$1.48		
Ψ1.40	1540 F Oyurds Street, Suite 1770	
Expenditure from	New Orleans, LA 70112	
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  [b) Description  [check if travel outside of Texas. Complete Schedule T.]	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	)H	
<u></u>		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Travel in L
Printing Expense Travel Out
Salaries/Wages/Contract Labor OTHER (e

Credit Card Payment	The Instruction Guide explains how to con	lete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)
Sch: 39/222 Rpt:	McLennan County Republican Women PAC	0001880	)2
4 Date	5 Payee name	•	
01/29/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Coo		
\$1.48	1340 Poydras Street, Suite 1770		
- "			
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas.	
LXI LINDITORE		Check if Austin, TX, officeholder I	
		Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	t Office	e held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		t Office	e rielu
Data			
Date 01/30/2025	Payee name		
	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Coo		
\$1.48	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	) Description	
EXPENDITURE	Fees	Check if travel outside of Texas. ( Check if Austin, TX, officeholder I	
		Fundraising Platform Fee	
		ŭ	
Complete ONLY if direct	Candidate/Officeholder name Office soug	t Office	e held
expenditure to benefit C/O	-1		
Date	Payee name		
01/30/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Coc	!	
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(6) 0	) Description	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas.	Complete Schedule T.
EXPENDITURE	. 555	Check if Austin, TX, officeholder I	
		Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	t Office	e held
experience to beliefit 6/01			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 40/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/30/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
01/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
01/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/O	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee L	egal Services		Vages	/Contract Labor		OTHER (enter	a category not listed above)	
oroun out a tymone		The Instruction Guide expl	lains how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	)
Sch: 41/222 Rpt:	McLennan C	ounty Republican Wo	men PAC				00018802		
4 Date	5 Payee name								
01/31/2025	Anedot, Inc.								
6 Amount (\$)	7 Payee address	s; City; S	State; Zip Co	de					
\$2.40	1340 Poydra	s Street, Suite 1770							
Expenditure from corporate funds	New Orleans	s, LA 70112							
8 PURPOSE	(a) Category (See	Categories listed at the top of the	nis schedule)	(b)	Description				
OF	Fees		,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITURE					<b>—</b>		officeholder livin	ig expense	
					Fundraising F	Plat	form Fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office h	ield	
experiorare to benefit C/O	п 								
Date	Payee name								
01/31/2025	Anedot, Inc.								
Amount (\$)	Payee address	s; City; S	State; Zip Co	de					
\$1.48	1340 Poydra	s Street, Suite 1770							
Expenditure from corporate funds	New Orleans	s, LA 70112							
PURPOSE	(a) Category (See	e Categories listed at the top of th	his schedule)	(b)	Description				
OF EXPENDITURE	Fees				Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXI ENDITORE					<b>—</b>		officeholder livin	ig expense	
					Fundraising F	Plat	form Fee		
	<u> </u>								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic H	eholder name	Office sou	ght			Office h	ield	
experience to benefit eye	-								
Date	Payee name								
01/31/2025	Anedot, Inc.								
Amount (\$)	Payee address	s; City; S	State; Zip Co	de					
\$1.48	1340 Poydra	s Street, Suite 1770							
— Formanditure from									
Expenditure from corporate funds	New Orleans	, LA 70112							
PURPOSE	(a) Category (See	e Categories listed at the top of th	his schedule)	(b)	Description				
OF EXPENDITURE	Fees	,	,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITURE					ш		officeholder livin	ig expense	
					Fundraising F	Plat	torm Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sou	ght			Office h	eld	
experialities to beliefft C/O									

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 42/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/31/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tundraising Flation in Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
01/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Organists ONE Wife disease	Open Helder (Office helder warms and Office and helder (Office helder)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft G/OI	'

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 43/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/01/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
5.1poa.ta. 5 to 5011011t 0/0	
Date	Payee name
02/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LINDITOILE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category  The Instruction Guide explains how to complete this form.	not listed above)
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethic	s Commission Filers)
Sch: 44/222 Rpt:	McLennan County Republican Women PAC 00018802	·
4 Date	5 Payee name	
02/02/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
	Check if Austin, TX, officeholder living expense	!
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
02/02/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
	Check if Austin, TX, officeholder living expense	•
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
Date	Payee name	
02/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Sch	
ZX ZXZXXXX	Check if Austin, TX, officeholder living expense	•
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 45/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
02/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	١
OF EXPENDITURE	1 000	ravel outside of Texas. Complete Schedule T.
		Austin, TX, officeholder living expense
	Fullulaisii	ng Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Data		
Date 02/03/2025	Payee name	
	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	1003	ravel outside of Texas. Complete Schedule T.  Austin, TX, officeholder living expense
		ng Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O	н	
Date	Payee name	
02/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
,		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(6) 0	2
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if tr	ravel outside of Texas. Complete Schedule T.
EXPENDITURE		Austin, TX, officeholder living expense
	Fundraisi	ng Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	<u></u>	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 46/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
02/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/O	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1: Sch: 47/222 Rpt:	2 FILER NAME  McLennan County Republican Women PAC  3 Filer ID (Ethics Commission Filers)  00018802
-	
4 Date	5 Payee name
02/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(b) Description
OF	Category (See Categories listed at the top of this schedule)  Fees  CD Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
02/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Onesale: ONESA "	Constitute (Office helder name
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
- p 2 22 20	
Date	Payee name
02/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(A) C
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 48/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxas, Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	, and along that only
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
	Payee name
02/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
— Formanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.72	
Expenditure from	New Orleans, LA 70112
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
1 Total pages Cabadula F1:	
Total pages Schedule F1: Sch: 49/222 Rpt:	McLennan County Republican Women PAC  00018802
4 Date	5 Payee name
02/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Ψ2.54	1040 F Gyurus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONII V if divers	Constitute /Office helder no year
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flatiotiti Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
Total pages Schedule F1: Sch: 50/222 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)McLennan County Republican Women PAC00018802
4 Date	5 Payee name
02/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ1.40	1340 Poyuras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/0	•
Date	Payee name
02/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payer name
02/05/2025	Payee name Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to beliefft C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 51/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	1
Date	Payee name
02/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Ψ1.51	1540 F Oyurds Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politice Credit Card Payment	al Committee Legal Services Sa	aries/Wages/Contract Labor  OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 52/222 Rpt:	McLennan County Republican Women PA	C 00018802
4 Date	5 Payee name	·
02/06/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Z	p Code
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held
experialtare to belieff C/O	П	
Date	Payee name	
02/06/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Z	p Code
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O		e sought Office held
experiantic to belieff 6/0		
Date	Payee name	
02/06/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Z	p Code
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct		e sought Office held
expenditure to benefit C/O	п	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 53/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	'
Date	Payee name
02/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
<del></del>	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
02/06/2025	Anedot, Inc.
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 54/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	anatalong nation to
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payros namo
02/06/2025	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
— Forestelland from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	las
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing I mmittee Legal Services Salaries/ The Instruction Guide explains how to c	Expens Wages	se s/Contract Labor		Travel In District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1:	12	·	ompi		_	Filer ID (Ethios Commission Filers)
1	Total pages Schedule F1: Sch: 55/222 Rpt:		McLennan County Republican Women PAC			3	Filer ID (Ethics Commission Filers) 00018802
4	Date	5	Payee name				
	02/06/2025		Anedot, Inc.				
6	Amount (\$)	7	Payee address; City; State; Zip C	ode			
Ū	\$1.48	ľ	1340 Poydras Street, Suite 1770	ouc			
	Ψ1.40		1040 F Oyurus Street, Suite 1770				
	Expenditure from corporate funds		New Orleans, LA 70112				
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees		Check if travel o	utsi	de of Texas. Complete Schedule T.
	EXPENDITORE				_		officeholder living expense
					Fundraising P	lat	form Fee
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office so	ught			Office held
	Date		Payee name				
	02/06/2025		Anedot, Inc.				
	Amount (\$)	H	Payee address; City; State; Zip C	ode			
	\$1.42		1340 Poydras Street, Suite 1770				
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	Expenditure from corporate funds		New Orleans, LA 70112				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees		<u></u>		de of Texas. Complete Schedule T.
					ш		officeholder living expense
					Fundraising P	ıaı	liorm Fee
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Officeholder name Office so	ught			Office held
	Date		Payee name				
	02/06/2025		Anedot, Inc.				
	Amount (\$)		Payee address; City; State; Zip C	ode			
	\$1.48		1340 Poydras Street, Suite 1770	ouc			
	Ψ1.40		1340 Foyulas Stieet, Suite 1770				
	Expenditure from corporate funds		New Orleans, LA 70112				
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF EXPENDITURE		Fees				de of Texas. Complete Schedule T.
	LAFLINDITORE				ш		officeholder living expense
					Fundraising P	lat	torm Fee
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	Complete ONLY if direct		Candidate/Officeholder name Office so	ught			Office held
	expenditure to benefit C/OI	Н					

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment		The Instruction Guide explains h	ow to complete	this form.		
1 Total pages Schedu	ıle F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
Sch: 56/222 Rp	ot:	McLennan County Republican Women I	PAC		00018802	
4 Date		5 Payee name		•		
02/06/2025		Anedot, Inc.				
6 Amount (\$)		7 Payee address; City; State;	Zip Code			
\$	51.42	1340 Poydras Street, Suite 1770				
Expenditure from						
corporate funds		New Orleans, LA 70112				
8 PURPOSE		(a) Category (See Categories listed at the top of this sched	dule) (b) Do	escription		
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9 Complete ONLY if d	lirect	Candidate/Officeholder name Of	ffice sought		Office he	
expenditure to benef			<b>y</b>		200 110	
 Date	1	Payee name				
02/07/2025		Anedot, Inc.				
Amount (\$)			Zip Code			
` '	\$2.65	1340 Poydras Street, Suite 1770	Zip Codo			
Ψ		10 to to Sydrae Guidot, Guito 1770				
Expenditure from corporate funds		New Orleans, LA 70112				
PURPOSE OF		(a) Category (See Categories listed at the top of this sched	dule) (b) De	escription		
EXPENDITURE		Fees		Check if travel outside Check if Austin, TX, o		
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expenditure to benef	fit C/OH	l				
Date		Payee name				
02/07/2025		Anedot, Inc.				
Amount (\$)		Payee address; City; State;	Zip Code			
\$	\$2.65	1340 Poydras Street, Suite 1770				
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Expenditure from corporate funds		New Orleans, LA 70112				
PURPOSE		(a) Category (See Categories listed at the top of this sched	dule) (b) Do	escription		
OF EXPENDITURE		Fees		Check if travel outside		
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Complete ONLY if d	lirect	Candidate/Officeholder name Of	ffice sought		Office he	
expenditure to benef			noc sought		Office He	и

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
Total pages Schedule F1: Sch: 57/222 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)McLennan County Republican Women PAC00018802
4 Date	5 Payee name
02/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
O Complete ONLY if direct	Candidate/Officeholder name Office acusht
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	1040 F Gyards Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evnonditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(A) O
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (D) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ı - ıl Co	mmittee	Gift/Awards/Memorials Exp Legal Services			ages/	Contract Labor		Travel Out of DOTHER (enter	District a category not listed above)
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1	Total pages Schedule F1:	2	FILER NAME					<u></u>	3	Filer ID	(Ethics Commission Filers)
	Sch: 58/222 Rpt:		McLennan	County Republicar	Women	PAC				00018802	
4	Date	5	Payee name								
	02/07/2025		Anedot, Inc								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Cod	de				
	\$1.42		1340 Poydr	as Street, Suite 17	70	-					
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Г	Expenditure from		New Orlean	ıs, LA 70112							
_	corporate funds	(2)				<u> </u>	(h)	December			
8	PURPOSE OF	(a)	•	ee Categories listed at the to	op of this sche	edule)	(D)	Description	outoi	do of Toyon Co	mplete Schedule T.
	EXPENDITURE		Fees					느		officeholder livi	
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9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	<u> </u>	Office souc	thr			Office I	neld
	expenditure to benefit C/O		- analuator OIII	Solioladi Halife	J	c 50ul	g. 11			Cilico I	
$\vdash$	Data	Г	Davis								
	Date		Payee name								
	02/07/2025	$oxed{oxed}$	Anedot, Inc								
	Amount (\$)		Payee addre	•	•	Zip Coo	de				
	\$3.66		1340 Poydr	as Street, Suite 17	70						
	- Company distance ( ) :										
	Expenditure from corporate funds		New Orlean	ıs, LA 70112							
	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Fees					<b>-</b>			mplete Schedule T.
								ш		officeholder livi	ng expense
								Fundraising F	rat	.iorm ⊢ee	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	0	Office souç	ght			Office h	held
	The straight of the straight of the	_									
	Date		Payee name			_					
	02/07/2025		Anedot, Inc								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Cod	de				
	\$2.54		1340 Poydr	as Street, Suite 17	70						
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	Expenditure from corporate funds		New Orlean	ıs, LA 70112							
	•	10				П	(h)	Description			
	PURPOSE OF	<sup>(a)</sup>		ee Categories listed at the to	op of this sche	edule)	(n)	Description  Check if travel of	nutsi	de of Texas Co	mplete Schedule T.
	EXPENDITURE		Fees					<b></b>		officeholder livi	
								Fundraising F			-
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	Complete ONLY if direct	Щ,	Candidate/Offi	ceholder name	Ω	Office soug	thr			Office h	held
	expenditure to benefit C/O			22.70.0070.110	O		t			3,,,,,,,,	·· <del>····</del>
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 59/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Evpondituro from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutuising Flation 11 CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davida manua
	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 60/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flationii Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Ψ2.54	1340 F Oyuras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundicioning Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	ls Expense		pens ages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a		ove)
1	Total pages Schedule F1:	2	FII FR NAME		•		•	13	3	Filer ID	(Ethics Commiss	ion Filers)
_	Sch: 61/222 Rpt:	-		County Repub	ican Womer	n PAC				00018802	(20000 000000000	
4	Date	5	Payee name					-				
	02/07/2025		Anedot, Inc.									
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Coo	de					
	\$1.13			as Street, Suit	e 1770							
	, -			, ,								
	Expenditure from corporate funds		New Orlean	s, LA 70112								
8	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel ou				
	EXI ENDITORE							Check if Austin, 1			g expense	
								Fundraising Pl	ıatı	orm Fee		
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	ceholder name	(	Office souç	ght			Office h	eld	
	Date		Payee name									
	02/07/2025		Anedot, Inc.									
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State	e; Zip Coo	de					
	\$1.48		•	as Street, Suit		.,,						
	Ψ1.40		10-10 1 Oyun	as officer, care	5 1110							
	Expenditure from corporate funds		New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Fees					Check if travel ou				
								Check if Austin, 7			g expense	
								Fundraising Pl	iali	om Fee		
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offic	ceholder name	(	Office souç	ght			Office h	eld	
	Date		Payee name									
	02/07/2025		Anedot, Inc.									
	Amount (\$)	_	Payee addres		State	e; Zip Coo	10					
	\$1.15		,	as Street, Suit		,, Zip Cot	iC.					
	Ψ1.13		1340 F Oyuli	as Street, Suit	5 1770							
	Expenditure from corporate funds		New Orlean	s, LA 70112								
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	hedule)	(b)	Description				
	OF EXPENDITURE		Fees			,					plete Schedule T.	
	EXPENDITURE							Check if Austin, 1			g expense	
								Fundraising Pl	latf	orm Fee		
		L										
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office soug	ght			Office h	eld	
	expenditure to benefit C/O	Н										

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 62/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
,	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/09/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
·	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ere.	
Date	Payee name
02/09/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.15	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/Of	'
<u></u>	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 63/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/09/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.56	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/09/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.15	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONLY if discost	Constitute /Office helder no year
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/09/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.50	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete CAU V if all a - 4	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (expense a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 64/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/09/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.15	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.73	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	
Date	Payee name
02/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 65/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/10/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.73	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>
Date	Payee name
02/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Ψ1.10	1340 Poyulas Sueet, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flationin Fee
Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.98	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
5 1: 5NUVY E	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onportation to be a second	<u>'</u>

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 66/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/10/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
02/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.70	1340 Poydras Street, Suite 1770
755	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
02/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.73	1340 Poydras Street, Suite 1770
Ψ0.73	1040 F Gyurus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Travel in Travel Ou Contract Labor OTHER (

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 67/222 Rpt:	
4 Date	5 Payee name
02/11/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.98	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T undituiting Flatform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davida nama
02/11/2025	Payee name Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T analasing Flation 17 00
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davida nama
02/11/2025	Payee name  Anedot, Inc.
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 68/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/11/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$15.02	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	=
02/11/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.30	1340 Poydras Street, Suite 1770	
,		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	T dildidising Flationin Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
Date	Dove nome	=
02/11/2025	Payee name Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	_
Amount (\$) \$2.30	Payee address; City; State; Zip Code  1340 Poydras Street, Suite 1770	
Φ2.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONII V If all a	Condidate/Officeholder name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
,		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 69/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/11/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.70	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flationin Fee
O Committee ONII Wife allowed	Our did at 10 ff as hald a grant Office a south
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.22	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	4

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 70/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/11/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flation in Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$10.30	1340 Poydras Street, Suite 1770
	· · · · · · · · · · · · · · · · · · ·
Expenditure from	Now Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T dildraising Flattorin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
•	
Date	Payee name
02/12/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del>1</del>

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 71/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/12/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T unutuising Trationiti ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/14/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Organists ONE Wifelings	One district Office helds
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/15/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$20.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule)  (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 72/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	_
02/15/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
experiditure to benefit C/Oi	<sup>1</sup>	
Date	Payee name	
02/15/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$4.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	T unutuising Flationin Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Data	Davies warms	_
Date 02/17/2025	Payee name Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	_
Amount (\$)	Payee address; City; State; Zip Code	
\$4.47	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LA LADITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 73/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/19/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.90	1340 Poydras Street, Suite 1770	
- "		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	Fundasing Flation (Fee	
O Committee ONII Wife discret	Over light to 100% on health and an annual to 100% on health	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/19/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.13	1340 Poydras Street, Suite 1770	
,	· · · · · · · · · · · · · · · · · · ·	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare to benefit C/Oi		
Date	Payee name	
02/20/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
÷=.01	• · · · · · · · · · · · · · · · · · · ·	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
_		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 74/222 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
02/20/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
	Tandraising Flatform Fee		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Power name		
	Payee name		
02/21/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.90	1340 Poydras Street, Suite 1770		
— Forest diture from			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experientare to benefit ever			
Date	Payee name		
02/21/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.90	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
LAI LINDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
,			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 75/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/21/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	
Date	Payee name	
02/21/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/21/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.90	1340 Poydras Street, Suite 1770	
Evpanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
experience to benefit O/O/I		
1		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:		
Sch: 76/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/21/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Fees  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H .	
Date	Payee name	
02/22/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to someth eye		
Date	Payee name	
02/23/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.13	1340 Poydras Street, Suite 1770	
- Francis (19) - 11 (19)		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
experience to benefit O/OH		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 77/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/23/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
	T unuraising Flationin Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
02/23/2025	Anedot, Inc.	
Amount (\$)		
\$10.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LXI LINDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
- P		
Date	Payee name	
02/23/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
- Evnanditure from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAFLINDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
2 1 2 2 2 2 2 2 2		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
5.psa.a.s to 55s 0/0//		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 78/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/24/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.70	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	r undraising r lation in rec	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
02/25/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
42.01	13 to 1 Gyarac Gaosa, Gallo 1710	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
'		
Date	Payee name	
02/25/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$4.47	1340 Poydras Street, Suite 1770	
Evponditure from		
Expenditure from corporate funds	New Orleans, LA 70112	
	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LAI LINDITORL	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Commission ON II M M alling 1	Condidate/Officeholder north	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
,		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 79/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u>,                                      </u>
02/26/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip	Code
\$1.90	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationn Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office s	Upught Office held
expenditure to benefit C/OI	H	onec neu
Data	Davis and	
Date 02/26/2025	Payee name	
	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$3.63	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		T difdraising Flatform Fee
Complete ONLY if direct	Candidate/Officeholder name Office s	Upught Office held
expenditure to benefit C/OI		ought Office field
Data		
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip	Code
\$1.13	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Tundraising Frationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office s	Dught Office held
expenditure to benefit C/OI		Onice neid

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeholder/Politic Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 80/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/26/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
	T undraising Flatform F ee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Davies wares	
	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Evnanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
Opportunition to bottom OPOTT		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pot listed above)

Candidate/Officenolder/Political	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 81/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
02/26/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r undraising r lationn rec
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		nt Office field
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$2.70	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Operation ONE Wife discont	Oscalidate (Office helder record	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
- p		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 82/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
02/26/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.97	1340 Poydras Street, Suite 1770	
— Foregoedituus fores		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	Fundialsing Flation Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		
·		
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.90	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
experience to bettern eye		
Date	Payee name	
02/26/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LA LIBITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 83/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
02/27/2025	Anedot, Inc.	
6 Amount (\$)	<b>7</b> Payee address; City; State; Zip Co	de
\$1.97	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		. and along . land
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		
Date	Payee name	
02/27/2025	Anedot, Inc.	
	·	do
Amount (\$) \$1.42	Payee address; City; State; Zip Co 1340 Poydras Street, Suite 1770	ue
Φ1.42	1340 Foyulas Sileet, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r andraioning r rationin r de
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		g
Date	Payee name	
02/27/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	do
\$2.80	1340 Poydras Street, Suite 1770	uc
Ψ2.00	1040 i Oydida Olicet, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete CNII V if direct	Condidate/Officeholder nema	oht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 84/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/27/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
02/27/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutuising Flation Free
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
02/27/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
<u> </u>	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 85/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/27/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/OI	<u> </u>
Date	Payee name
02/27/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
02/27/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	1040 F Oyurus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 86/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/27/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	i dildidising i lationii i ee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/27/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Organists ONE Wife discret	Open Highest (Office health and a second to the second to
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	'

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 87/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/28/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/1 2/15/10/12	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 88/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/28/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	H
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T dildiasing Flationi Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	
Date	Payee name
02/28/2025	Anedot, Inc.
	·
Amount (\$)	
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/C	H

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 89/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/28/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T dildraising Flationii Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Commission ONII V if diment	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5. po a a. a to bollone 0/01	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District
OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) McLennan County Republican Women PAC 00018802 Sch: 90/222 Rpt:

4 Date 03/01/2025	5 Payee name Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held
experientare to benefit 6/61	'	
Date	Payee name	
03/01/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	rees	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/OI	1	
Date	Payee name	
03/02/2025	Anedot, Inc.	
	•	•
Amount (\$)	Payee address; City; State; Zip Cod	e
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		200
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula Edi	,
1 Total pages Schedule F1:	
Sch: 91/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
423	
Expenditure from	Nov. Oderan I A 70440
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flationii Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to belieff 6/6	'
Date	Payee name
03/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
,	
Expenditure from	New Orleans I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flationii Fee
0 1: 0 1: 0	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	<u> </u>
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	- anatalong - lattorn - co
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
,	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
oroan cara raymon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 92/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.50	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	1
Date	Payee name
03/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
experientale to beliefit C/Or	•
Date	Payee name
03/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OF	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 93/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	and the state of t
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$8.63	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T anataioning T lattorini T CC
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 94/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T unutuising T tattorin T ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
φ1.48	1040 I Oyulas Sueet, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Office helder (Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politic Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 95/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.90	1340 Poydras Street, Suite 1770
— Formation from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unuraising Flation in Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T _
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation ONLY if allowers	Our distance (Office holder marries and Office holder
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialities to beliefit C/O	

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 96/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T analasing Flation 17 00
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flation Free
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davies warms
Date 03/04/2025	Payee name Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.47	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 97/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
03/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	· · · · · · · · · · · · · · · · · · ·
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal :	vards/Memoriais Expense Services	-	s/Contract Labor	OTHER (enter a	category not listed above)
	The I	nstruction Guide explains h	now to compl	ete this form.		
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
Sch: 98/222 Rpt:	McLennan Coun	ty Republican Women	PAC		00018802	
4 Date	5 Payee name					
03/05/2025	Anedot, Inc.					
6 Amount (\$)	<b>7</b> Payee address;	City; State;	Zip Code			
\$1.48	1340 Poydras St	•	•			
, -		,				
Expenditure from corporate funds	New Orleans, LA	A 70112				
8 PURPOSE	(a) a		(b)	Description		
OF	Fees	gories listed at the top of this sche	edule)		outside of Texas. Com	plete Schedule T.
EXPENDITURE	1 003			Check if Austin,	TX, officeholder living	g expense
				Fundraising F	Platform Fee	
9 Complete ONLY if direct	Candidate/Officehol	der name O	ffice sought		Office he	eld
expenditure to benefit C/O	<del>d</del>					
Date	Payee name					
03/05/2025	Anedot, Inc.					
Amount (\$)	Payee address;	City; State;	Zip Code			
\$2.54	1340 Poydras St	reet, Suite 1770				
	<b>_</b>					
Expenditure from corporate funds	New Orleans, LA	A 70112				
PURPOSE	(a) Category (See Cate	gories listed at the top of this sche	dule) (b)	Description		
OF	Fees	goneo notou ut ano top or ano come	, adio,		outside of Texas. Com	plete Schedule T.
EXPENDITURE				Check if Austin,	TX, officeholder living	g expense
				Fundraising F	Platform Fee	
Complete ONLY if direct	Candidate/Officehol	der name O	ffice sought		Office h	eld
expenditure to benefit C/O	Н					
Date	Payee name					
03/05/2025	Anedot, Inc.					
Amount (\$)	Payee address;	City; State;	Zip Code			
\$1.48	1340 Poydras St	reet, Suite 1770	·			
	<b>1</b>					
Expenditure from corporate funds	New Orleans, LA	A 70112				
PURPOSE		gories listed at the top of this sche	odulo) (h)	Description		
OF	Fees	gories listed at the top of this sche	edule) (~)		outside of Texas. Com	plete Schedule T.
EXPENDITURE	1 000			Check if Austin,	TX, officeholder living	g expense
				Fundraising F	Platform Fee	
Complete ONLY if direct	Candidate/Officehol	der name O	ffice sought		Office h	eld
expenditure to benefit C/O	H					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 99/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
\$1.42	1340 Poyuras Sireei, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 100/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutuising Flatform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flation Fee
Commission ONLY if direct	Constitute /Office helder no year
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
Z. ZIBIIONE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit 6/0	•

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 101/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.97	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T analasing Flationin Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/05/2025	Anedot, Inc.
	<u> </u>
Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Ф1.40	1540 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 1 1 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 102/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
41.12	10 to Toyardo otroot, Garlo 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	i didiasing i adomi i ee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>U</b>
Data	
Date 03/06/2025	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 103/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flation Free
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to con	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 104/222 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name		•	
03/06/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	le		
\$2.54	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	Check if trave	el outside of Texas. Com	
LXI LINDITORE			tin, TX, officeholder living	g expense
		Fundraising	Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office h	old
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		iiii	Office III	eiu
Data	Г_			
Date	Payee name			
03/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from				
corporate funds	New Orleans, LA 70112			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees	<b>—</b>	el outside of Texas. Com tin, TX, officeholder living	
			Platform Fee	g expense
		J	•	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office h	eld
expenditure to benefit C/O	-1			
Date	Payee name			
03/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Coc	le		
\$2.80	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(6) 0	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Fees		el outside of Texas. Com	nplete Schedule T.
EXPENDITURE	1 000	Check if Aust	tin, TX, officeholder living	g expense
		Fundraising	Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office h	eld
experience to beliefit 6/01				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 105/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Evnonditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/O	•
1	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 106/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flationin Fee
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Organists ONE Wifelings	Our did at 10 % as hald a grant of the same of the sam
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.81	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LNDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft G/O	•

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 107/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tanadong Fladoni Foo
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
5 .	
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flationii Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Evponditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/OI	1

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 108/222 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
03/06/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee			
	Fundialsing Flation in Fee			
O Complete ONU VIII	Condidate/Officeholder name			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
·	· · · · · · · · · · · · · · · · · · ·			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
experialitate to benefit 6/01	'			
Date	Payee name			
03/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
<del></del>	> · · · · · · · · · · · · · · · · · · ·			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 109/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
03/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	
<b>Φ</b> 2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 110/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
03/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tundidising Fidulitini CC
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>
Date	Payee name
03/07/2025	Anedot, Inc.
Amount (\$) \$1.42	Payee address; City; State; Zip Code  1340 Poydras Street, Suite 1770
Φ1.42	1340 Foyulds Street, Suite 1770
Expenditure from	New Orleans I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica		emoriais Expense Printing E Salaries/N	xpense Vages/Contract Labor	OTHER (enter a	category not listed above)
Credit Card Payment	The Instruc	tion Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 111/222 Rpt:	McLennan County Re	publican Women PAC		00018802	
4 Date	5 Payee name				
03/07/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City	; State; Zip Co	ode		
\$1.48	1340 Poydras Street,	·			
	•				
Expenditure from corporate funds	New Orleans, LA 701	12			
8 PURPOSE	(a) Category (See Categories I	isted at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees	,	Check if travel	outside of Texas. Com	plete Schedule T.
EXPENDITORE				n, TX, officeholder living	gexpense
			Fundraising I	Platform Fee	
		2.00			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder na	ame Office sou	ight	Office he	eld
, 					
Date	Payee name				
03/07/2025	Anedot, Inc.				
Amount (\$)	Payee address; City	r; State; Zip Co	ode		
\$2.65	1340 Poydras Street,	Suite 1770			
Expenditure from					
corporate funds	New Orleans, LA 701	12			
PURPOSE	(a) Category (See Categories I	isted at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		I <del></del>	outside of Texas. Com	
			🗀	n, TX, officeholder living	g expense
			Fundraising I	Piationii Fee	
Complete ONLY if direct	Candidate/Officeholder na	ome Office sou	ught .	Office he	ald
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
5 .					
Date	Payee name				
03/07/2025	Anedot, Inc.				
Amount (\$)	Payee address; City	•	ode		
\$1.42	1340 Poydras Street,	Suite 1770			
Expenditure from					
corporate funds	New Orleans, LA 701	12			
PURPOSE OF		isted at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		I <u>□</u>	outside of Texas. Com n, TX, officeholder living	·
			Fundraising I		, experise
Complete ONLY if direct	Candidate/Officeholder na	ame Office sou	<u>l</u> ıght	Office he	eld
	expenditure to benefit C/OH				

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 112/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/07/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete Chill V St. div.	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/07/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.66	1340 Poydras Street, Suite 1770
<del>4</del> 3.00	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
D. LIDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office accept Office
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
,	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 113/222 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
03/07/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee			
	Fundialsing Flation in Fee			
O Commission Chilly III	Open Highest (Office health a group and the state of the			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
03/07/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.48	1340 Poydras Street, Suite 1770			
*=				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
expenditure to benefit C/Oi	1			
Date	Payee name			
03/07/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
<del></del>				
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Fees  Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	<del>1</del>			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 114/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/11/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LINDITORL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.02	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LABITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/11/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_			
Sch: 115/222 Rpt:	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name	_			
03/11/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code	_			
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
expenditure to benefit C/OI	1				
Date	Payee name	_			
03/11/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code	_			
\$1.90	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee				
	a randomy radiom rec				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
expenditure to benefit C/OI					
Date	Payee name	-			
03/11/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code	_			
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
expenditure to benefit C/OI					
		_			

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica		Gift/Awards/Memorials Ex Legal Services		Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not li	sted above)
Credit Card Payment		The Instruction Guid	e explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethics Cor	nmission Filers)
Sch: 116/222 Rpt:	McLennan	County Republicar	n Women PAC		00018802	
4 Date	5 Payee name	9			•	
03/11/2025	Anedot, In	С.				
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode		
\$1.42	1340 Poyd	ras Street, Suite 17	770			
Expenditure from corporate funds	New Orlea	ns, LA 70112				
8 PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b) Description		
OF EXPENDITURE	Fees			ı <b>=</b>	outside of Texas. Complete Schedule	Т.
					n, TX, officeholder living expense  Platform Fee	
				Tanaraising	r iddomir CC	
9 Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u> </u> uaht	Office held	
expenditure to benefit C/O	Н					
Date	Payee name	<del></del>				
03/11/2025	Anedot, In	С.				
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode		
\$1.90	1340 Poyd	ras Street, Suite 17	770			
Expenditure from corporate funds	New Orlea	ns, LA 70112				
PURPOSE	(a) Category (	See Categories listed at the t	op of this schedule)	(b) Description		
OF EXPENDITURE	Fees			ı <b>=</b>	outside of Texas. Complete Schedule	T.
				, <u>—</u>	n, TX, officeholder living expense  Platform Fee	
				Fullulaising	rialioiiii ree	
Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	laht	Office held	
expenditure to benefit C/O		ilicendidei Haitie	Office Sof	agrit	Office Held	
Date	Payee name	e				
03/11/2025	Anedot, In	C.				
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode		
\$1.90	1340 Poyd	ras Street, Suite 17	770			
Expenditure from						
corporate funds	New Orlea	ns, LA 70112				
PURPOSE OF	1	See Categories listed at the t	op of this schedule)	(b) Description		
EXPENDITURE	Fees			ı <b>⊑</b>	l outside of Texas. Complete Schedule n, TX, officeholder living expense	Т.
				. <del> </del>	Platform Fee	
				. andraising		
Complete ONLY if direct	Candidate/Of	ficeholder name	Office so	<u>l</u> ught	Office held	

expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 117/222 Rpt:	McLennan County Republican Women PAC 00018802			
4 Date	5 Payee name			
03/18/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$4.30	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee			
	T unuraising Flation in Fee			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
03/18/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$2.81	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Commission ONLL V if disease	Condidate/Office helder mores Office accept			
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
·				
Date	Payee name			
03/26/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$1.42	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Fundraising Platform Fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
CAPCHARAIGE TO DETICITE C/O				

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:			
Sch: 118/222 Rpt:	McLennan County Republican Women PAC 00018802		
4 Date	5 Payee name		
03/27/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Fees Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
5.1poa.ta. 5 to 5011011t 0/0			
Date	Payee name		
03/27/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.48	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H		
<u> </u>			
Date	Payee name		
03/27/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Code		
\$1.42	1340 Poydras Street, Suite 1770		
- Francis (19) - 11 (19)			
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.		
EXI ENDITORE	Check if Austin, TX, officeholder living expense		
	Fundraising Platform Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
experiulture to benefit G/OH			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 119/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u>'</u>
03/27/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		- and allowing in tallion in the
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	l aght Office held
expenditure to benefit C/OI		giil Oilice field
Data		
Date	Payee name	
03/28/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LIBITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
One make the ONE Wife diagram	Constitute (Office helder years	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	nght Office held
<u>'</u>		
Date	Payee name	
03/28/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	<u> </u>	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Expense Travel (
Wages/Contract Labor OTHEF

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/ The Instruction Guide explains how to committee	Wages/Contract Labor OTHER (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 120/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
03/28/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office so	Lught Office held
Date	Payee name	
03/28/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundialing Flation in Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	Lught Office held
Date	Payee name	
03/28/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flation Fee
Complete ONLY if dive -	Condidate/Officeholder name	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 121/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/28/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundraising Flationn Fee
O Commission Chilly W. F.	Our Halte 10ff as halter a reason of the seconds.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
<del>+-</del>	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ1.40	1040 i Oyuluo Oliooti Oulio 1110
Expenditure from	New Orleans I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundaising Flationn Fee
Occupation Children	Out light 10ff or helder a result.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•
<u></u>	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 122/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/28/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	1
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious ever	
Date	Payee name
03/28/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 123/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/29/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
SAPORALE OF BOHOM OF	
Date	Payee name
03/29/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 124/222 Rpt:	2 FILER NAME McLennan County Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00018802
-	
4 Date	5 Payee name
03/30/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unuraising Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Dete	T _
Date	Payee name
03/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
— Formandikum forma	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
03/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politice Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 125/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/31/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unuraising Flationin Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davide name
03/31/2025	Payee name
	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
03/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 126/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
03/31/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
- "		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	4	
Date	Payee name	_
03/31/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	=
03/31/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.48	1340 Poydras Street, Suite 1770	
<b>41.10</b>	10 to to Gyarda Stroot, Suite 11 to	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	Fundialsing Flationii Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 127/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/31/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fulldialsing Flation in Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
<del>+-</del>	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Ψ2.54	10-10 T Oyurus Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to beliefft C/Of	·
<u> </u>	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 128/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/01/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	L L Candidate/Officeholder name Office sought Office held H
· .	
Date	Payee name
04/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
<b></b>	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>
Date	Payee name
04/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 129/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/01/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tundraising Flationin Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff 6/01	
Date	Payee name
04/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
*=	
Expenditure from	No. 20 June 14 70440
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/O	
Date	Payee name
04/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Ψ2.54	10-0 1 Sydias Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

Solicitation/Fundraising Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 130/222 Rpt: McLennan County Republican Women PAC 00018802 4 Date Payee name 04/01/2025 Anedot, Inc. 6 Amount (\$) Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 \$1.42 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising Platform Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/01/2025 Anedot, Inc. Amount (\$) Payee address; City; State; Zip Code \$1.42 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising Platform Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2025 Anedot, Inc. Amount (\$) Payee address: City: State; Zip Code \$2.65 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Fundraising Platform Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/W		e /Contract Labor		OTHER (enter a	strict a category not listed a	above)	
Credit Card Payment		The Instruction Guide expl	ains how to co	mple	ete this form.					
1 Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID	(Ethics Commis	sion Filers)	
Sch: 131/222 Rpt: McLennan County Republican Women PAC					00018802					
4 Date	5 Payee name									
04/02/2025	Anedot, Inc									
6 Amount (\$)	<b>7</b> Payee addre	ess; City; S	State; Zip Co	de						
\$1.48	1 1	ras Street, Suite 1770								
Ψ1.10	10 10 1 0 0	rae Guldet, Gaile 1110								
Expenditure from	Nav. Odaa	4 70440								
corporate funds		ns, LA 70112								
8 PURPOSE OF	1	see Categories listed at the top of th	is schedule)	(b)	Description					
EXPENDITURE	Fees				<b>=</b>		utside of Texas. Complete Schedule T. FX, officeholder living expense			
					Fundraising F			g expense		
					r arrandioning r					
Complete ONLY if direct	Candidate/Off	iceholder name	Office cou	aht			Office h	old		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		icentituel name	Office sou	gni			Office II	eiu		
Date	Payee name	!								
04/02/2025	Anedot, Inc	<b>.</b> .								
Amount (\$)	Payee addre	ess; City; S	State; Zip Co	de						
\$1.42	1340 Poyd	ras Street, Suite 1770								
Expenditure from corporate funds	New Orlea	ns, LA 70112								
PURPOSE	(a) Category (c	iee Categories listed at the top of th	sia aabadula)	(b)	Description					
OF	Fees	ee Categories listed at the top of th	is scriedule)	( )	_	outsi	de of Texas. Con	nplete Schedule T.		
EXPENDITURE	. 555				Check if Austin,	, TX,	officeholder living	g expense		
					Fundraising F	Plat	form Fee			
Complete ONLY if direct		iceholder name	Office sou	ght			Office h	eld		
expenditure to benefit C/OI	H									
Date	Payee name	!								
04/02/2025	Anedot, Inc	· ·								
Amount (\$)	Payee addre	ess; City; S	State; Zip Co	nde						
\$1.48	l	ras Street, Suite 1770								
Ψ1.10	10.0.00	rae Guldet, Gaile 1110								
Expenditure from	Nov. Orlean	aa I A 70112								
corporate funds		ns, LA 70112								
PURPOSE OF		see Categories listed at the top of th	is schedule)	(b)	Description	a	do of Tours C	nplete Schedule T.		
EXPENDITURE	Fees				브		officeholder living	•		
					Fundraising F			g expense		
					· arraradioning ·					
Complete ONLY if direct	L Candidate/∩fl	iceholder name	Office sou	aht			Office h	eld		
expenditure to benefit C/O			J00 00u	g			211100 11			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 132/222 Rpt:	2 FILER NAME McLennan County Republican Women PAC  3 Filer ID (Ethics Commission Filers) 00018802
4	Date	5 Payee name
	04/02/2025	Anedot, Inc.
6	Amount (\$) \$1.48	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
	Expenditure from corporate funds	New Orleans, LA 70112
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Anedot, Inc.
	Amount (\$) \$1.15	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
	Expenditure from corporate funds	New Orleans, LA 70112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/02/2025	Anedot, Inc.
	Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
	Expenditure from corporate funds	New Orleans, LA 70112
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		Gift/Awards/Memorials Expe Legal Services  The Instruction Guide	Salaries	Expens /Wages	se s/Contract Labor		Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID (Ethics Commission F	ilers)
	Sch: 133/222 Rpt:	McLenna	n County Republican	Women PAC				00018802	
4	Date	5 Payee nan	ne						
	04/02/2025	Anedot, I	nc.						
6	Amount (\$)	7 Payee add	lress; City;	State; Zip C	ode				
	\$1.48	1340 Poy	dras Street, Suite 17	70					
	Expenditure from corporate funds	New Orle	ans, LA 70112						
8	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Complete Schedule T.	
	LXI ENDITORE					$\Box$		officeholder living expense	
						Fundraising F	rat	.torm ⊢ee	
9	Complete ONLY if direct expenditure to benefit C/Oh		Officeholder name	Office so	ught			Office held	
	Date	Payee nan	ne						
	04/02/2025	Anedot, I	nc.						
	Amount (\$)	Payee add	lress; City;	State; Zip C	ode				
	\$1.48	_	dras Street, Suite 17	•					
	Ψ1.40	10-01 09	aras offect, oane 17						
	Expenditure from corporate funds	New Orle	ans, LA 70112						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Complete Schedule T.	
						<b>—</b>		officeholder living expense	
						Fundraising F	iai	ioiii ree	
	Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	Office so	ught			Office held	
	Data I								
	Date	Payee nan							
	04/02/2025	Anedot, I							
	Amount (\$)	Payee add		State; Zip C	ode				
	\$1.48	1340 Poy	dras Street, Suite 17	70					
	Expenditure from corporate funds	New Orle	ans, LA 70112						
	PURPOSE	(a) Category	(See Categories listed at the to	p of this schedule)	(b)	Description			
	OF EXPENDITURE	Fees						de of Texas. Complete Schedule T.	
	LXI ENDITORE					ш		officeholder living expense	
						Fundraising F	atاد	torm ⊢ee	
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office so	ught			Office held	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 134/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation (Fee
• O I : O !!! \ ' ' !' : .	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxportantare to serious ere	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Ψ1.42	10 to to Sydian Oncol, Odice 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 135/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Great	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Evpanditure from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/W  The Instruction Guide explains how to co	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 136/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
04/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EX. ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sour	oht Office held
expenditure to benefit C/Ol		gnt Onice neid
Date	Payee name	
04/03/2025	Anedot, Inc.	
	·	d.
Amount (\$)	Payee address; City; State; Zip Co	ue
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sour	office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ght Office held
Data	Davisa nama	
Date 04/03/2025	Payee name	
	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Occupation Children	Condidate Office halds are	000
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
,		

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 137/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel sutside of Taxes Complete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unditaining T tattorin T ee
O Commission ONULY III	Condidate (Office holder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3.4.2	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	Now Orloops I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to benefit ere	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T undicularing Fluction in CC
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	•
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### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 138/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tundraising Fraction 11 cc
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$) \$1.48	Payee address; City; State; Zip Code  1340 Poydras Street, Suite 1770
φ1.48	1040 I Oyulas Stiect, Suite 1770
Expenditure from	New Orleans I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 139/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
- "	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T unutuising T lattorn T CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ2.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flation Fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date	Payee name
04/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this	, , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 140/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
04/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
OF EXPENDITURE	1 000	eck if travel outside of Texas. Complete Schedule T.
	,	eck if Austin, TX, officeholder living expense raising Platform Fee
	T und	raising riation rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	Payee name	
04/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
OF EXPENDITURE	1003	eck if travel outside of Texas. Complete Schedule T.
	,	eck if Austin, TX, officeholder living expense
	Fund	raising Platform Fee
Commission ONII V if diment	Condidate/Officeholder name	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
04/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
OF EXPENDITURE	Fees	eck if travel outside of Texas. Complete Schedule T.
EXPENDITORE		eck if Austin, TX, officeholder living expense
	Fund	raising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialitie to beliefft C/OI		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 141/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	1
Date	Payee name
04/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Operation ONLY if discont	One districts (Office healths are seen
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Evpanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LINDITORL	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitife to beliefft C/O	
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete the	, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 142/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
04/04/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  ndraising Platform Fee
		ndraising Flationi Fee
O Complete ONLY if direct	Candidata/Officahaldar nama Offica acusaht	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
OF EXPENDITURE	Fees $\square$	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
	l <sup>-u</sup>	ndraising Platform Fee
		000
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
	Fu	ndraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialitie to beliefft C/OI		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 143/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.66	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/O	
Date	Payee name
04/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 144/222 Rpt:	2 FILER NAME McLennan County Republican Women PAC  3 Filer ID (Ethics Commission Filers) 00018802	
4 Date	2 1	
04/04/2025	5 Payee name Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
2		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services SalariesM  The Instruction Guide explains how to co	/ages/Contract Labor OTHER (enter a category not listed above) mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 145/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
04/04/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationn Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held
Date	Payee name	
04/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
<b>42.10</b>	20.0.000	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 146/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutuising Flatform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Davies name
	Payee name
04/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$0.70	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
04/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ħ

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Le	gal Services		ages/	Contract Labor		OTHER (enter a	strict a category not listed above)	
Credit Card F dyment	Т	he Instruction Guide explai	ns how to cor	nple	te this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission File	rs)
Sch: 147/222 Rpt:	McLennan Co	ounty Republican Wom	en PAC				00018802		
4 Date	5 Payee name								
04/08/2025	Anedot, Inc.								
6 Amount (\$)	7 Payee address	City; Sta	ate; Zip Coo	de					
\$1.90	1340 Poydras	Street, Suite 1770							
Expenditure from corporate funds	New Orleans,	LA 70112							
8 PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF	Fees	categories listed at the top of this	scriedule)	`	:	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE					Check if Austin,	, TX,	officeholder livin	g expense	
					Fundraising F	Plat	form Fee		
9 Complete ONLY if direct	Candidate/Office	holder name	Office sou	ght			Office h	eld	
expenditure to benefit C/O	П								
Date	Payee name								
04/08/2025	Anedot, Inc.								
Amount (\$)	Payee address	City; Sta	ate; Zip Co	de					
\$1.48	1340 Poydras	Street, Suite 1770							
Expenditure from corporate funds	New Orleans,	LA 70112							
PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF EXPENDITURE	Fees	,	,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITORE					ш		officeholder livin	g expense	
					Fundraising F	Plat	form Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office h	eld	
experience to believe eye	-								
Date	Payee name								
04/10/2025	Anedot, Inc.								
Amount (\$)	Payee address	City; Sta	ate; Zip Co	de					
\$1.15	1340 Poydras	Street, Suite 1770							
— Foregoed to the foregoe									
Expenditure from corporate funds	New Orleans,	LA 70112							
PURPOSE	(a) Category (See	Categories listed at the top of this	schedule)	(b)	Description				
OF EXPENDITURE	Fees		,					nplete Schedule T.	
LAPENDITORE							officeholder livin	g expense	
					Fundraising F	lat'	τorm Fee		
	<u> </u>								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Office	holder name	Office sou	ght			Office h	eld	
5/10/10/10/10 00/10/10 0/0									

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wi The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 148/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
04/16/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$10.73	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationin Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug 	ht Office held
Date	Payee name	
04/19/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	do.
\$2.30		ic .
Φ2.30	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationin Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
04/27/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$2.40	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i unulaising FlatioIIII Fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	~	Sinde field

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 149/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/29/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>1</del>
Date	Payee name
04/29/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/29/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<u> </u>

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 150/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/30/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
¥=	
Expenditure from	Now Orleans, LA 70112
corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
04/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experioritire to benefit C/OI	
Date	Payee name
04/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1:	
Sch: 151/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
04/30/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
04/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
04/30/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/1 2/15/10/C	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
onponentare to benefit 0/0	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to con	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Co	ommission Filers)
Sch: 152/222 Rpt:	McLennan County Republican Women PAC	00018802	
4 Date	5 Payee name	•	
05/02/2025	Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zip Coo	?	
\$2.65	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedu	le T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	t Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		difference in the contract of	
Data			
Date	Payee name		
05/02/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Coo	)	
\$1.48	1340 Poydras Street, Suite 1770		
Expenditure from			
corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedu  Check if Austin, TX, officeholder living expense	le T.
		Fundraising Platform Fee	
		· ·	
Complete ONLY if direct	Candidate/Officeholder name Office soug	t Office held	
expenditure to benefit C/O	-1		
Date	Payee name		
05/02/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zip Coo		
\$1.42	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(6) 0	Description	
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedu	le T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	t Office held	
experience to beliefit 6/01			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 153/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flation in Fee
• O I O O O O O O O O O O O O O O O O O	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
*=	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ1.40	1040 F Oyardo Otroct, Odito 1770
Expenditure from	New Orleans, LA 70112
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel cyteride of Taylor Camplete Schedule T
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Tandidioning Flatform Foo
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>U</b>

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 154/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	T unutaising Flation II CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
0 1: 0:11:2:11:11	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
05/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EAFENDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 155/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.98	1340 Poydras Street, Suite 1770
Evnanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fullulaising Flationii Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundraising Flationin Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Namina VA 4 0 510 d 6510

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to cor	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 156/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
05/05/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r undraising r lationn rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Juli Office field
Date	Payee name	
05/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Commission ONII V if diment	Canadidate/Office helder regree	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	ght Office held
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Date	Payee name	
05/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ht Office held
experiulture to benefit C/OI	1	

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wi The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 157/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
05/05/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Fundraising Flationin Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
05/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		r undraising r lation in rec
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
05/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	, ,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	~	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 158/222 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name		1	
05/06/2025	Anedot, Inc.			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Fees		outside of Texas. Comp n, TX, officeholder living	
		Fundraising		ехрепос
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9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> aht	Office he	Id
expenditure to benefit C/Ol		giit	Office fie	iu
Date	Payee name			
05/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1.48	1340 Poydras Street, Suite 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(6) 0	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Fees		outside of Texas. Comp	lete Schedule T.
EXPENDITURE	1 003	Check if Austir	n, TX, officeholder living	expense
		Fundraising	Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	ld
expenditure to benefit C/O	1			
Date	Payee name			
05/06/2025	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$1.48	1340 Poydras Street, Suite 1770	, do		
Ψ1.40	25 to 1 Gyards Street, State 1770			
Expenditure from corporate funds	New Orleans, LA 70112			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Fees		outside of Texas. Comp	
LA LABITORE		ш	n, TX, officeholder living	expense
		Fundraising	rialioiiii Fee	
0 1. 6	0 51 10 5			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office he	Ia

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 159/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation (Fee
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
oxportantare to serious ere	
Date	Payee name
05/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n
Date	Payee name
05/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ1.40	1040 F Gyurus Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	es/Contract Labor OTHER (enter a category not listed above)  plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 160/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
05/06/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.65	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	office held
Date	Payee name	
05/06/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.65	1340 Poydras Street, Suite 1770	•
φ2.03	1340 Foyulas Sileet, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LAI LIBITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/Ol		Office field
Date	Payee name	
05/06/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	3
\$1.48	1340 Poydras Street, Suite 1770	
	·	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	, , ,	Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		i unutaising Flatiottii Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor     The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 161/222 Rpt:	McLennan County Republican Women PAC	00018802
4	Date	5 Payee name	
	05/07/2025	Anedot, Inc.	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.65	1340 Poydras Street, Suite 1770	
E	Expenditure from corporate funds	New Orleans, LA 70112	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Fundraising I	Platform Fee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	05/07/2025	Anedot, Inc.	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.40	1340 Poydras Street, Suite 1770	
		•	
	Expenditure from corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			ı, TX, officeholder living expense
		Fundraising I	Platform Fee
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	05/08/2025	Anedot, Inc.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.42	1340 Poydras Street, Suite 1770	
	<b>41.12</b>	10 to to Syurae Stroot, Sako 1110	
	Expenditure from corporate funds	New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	1 003	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense
		Fundraising I	чаноні нее
ldash	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 162/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
05/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T unutuising T lattorni T cc
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/08/2025	Anedot, Inc.
Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
φ1.48	1040 i Oyulas Sueet, Suite 1770
Expenditure from	New Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mmittee	Gift/Awards/Memori Legal Services		Printing Ex Printing Ex Salaries/M	pens			Travel Out of Di OTHER (enter a	
	Credit Card F dyment			The Instruction	Guide explains	how to co	mple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ē					3	Filer ID	(Ethics Commission Filers)
	Sch: 163/222 Rpt:		McLennan	County Repub	lican Women	n PAC				00018802	
4	Date	5	Payee name								
	05/08/2025		Anedot, Inc								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
٠	\$1.42	ľ		as Street, Sui		., Ζιρ Co	uc				
	Ψ1.42		1340 i Oyui	as Street, Sur	IC 1770						
	Expenditure from corporate funds		New Orlear	ns, LA 70112							
8	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees	J		,		Check if travel	outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITURE							$\Box$		, officeholder living	g expense
								Fundraising F	Plat	tform Fee	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Off	ceholder name	(	Office sou	ght			Office h	eld
	Date		Payee name								
	05/08/2025		Anedot, Inc								
	Amount (\$)	┢	Payee addre	ss; City;	State	; Zip Co	de				
	\$1.42			as Street, Sui		, <u></u> p					
	Ψ1.¬Δ		1040 i Oyui	as officer, our	10 1110						
	Expenditure from corporate funds		New Orlear	ns, LA 70112							
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees								nplete Schedule T.
								ш		, officeholder living	g expense
								Fundraising F	riai	lionn Fee	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	ceholder name	(	Office sou	ght			Office h	eld
	Date		Payee name								
	05/08/2025		Anedot, Inc								
	Amount (\$)	$\vdash$	Payee addre		State	; Zip Co	de				
	\$1.42		-	as Street, Sui		, <u></u> p					
	Ψ1.12		10 10 1 0 yai	ao on oon, oan	.0 1110						
	Expenditure from corporate funds		New Orlear	ns, LA 70112							
	PURPOSE	(a)	Category (S	ee Categories listed a	at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Fees								nplete Schedule T.
										, officeholder living	g expense
								Fundraising F	-ıai	1101111 Fee	
	Complete ONLY if direct		Candidate/Off	ceholder name	(	Office sou	ght			Office h	eld
	expenditure to benefit C/OI	п									

### 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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 164/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
05/08/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/08/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/08/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		Tanarasing Flationin Fee
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 165/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/08/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Tundidising Flationin's CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
05/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to serious experi	
Date	Payee name
05/08/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 166/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
05/08/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	=
05/08/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Ψ1.42	1340 Poyuras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	T unutuising T lattorn T ee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Dove nome	_
05/08/2025	Payee name Anedot, Inc.	
	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code  1340 Poydras Street, Suite 1770	
\$1.48	1340 Poyuras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

## SCHEDULE F1

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Poll /- Gift/Awards/Memorials Expense Prin	In Repayment/Reimbursement ce Overhead/Rental Expense Transportation Equipment & Related Expense Inig Expense aries/Wages/Contract Labor to complete this form.  Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	,
Sch: 167/222 Rpt:	McLennan County Republican Women PA	C 00018802	
4 Date 05/08/2025	5 Payee name Anedot, Inc.		
6 Amount (\$)	7 Payee address; City; State; Zij	n Code	_
\$3.81	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
LAPENDITORE		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held	
Date	Payee name		_
05/09/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zij	p Code	—
\$4.78	1340 Poydras Street, Suite 1770		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
		Fundraising Platform Fee	
Operation ONLY if allowed	Open districts (Office In all Journals	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held	
Date	Payee name		
05/09/2025	Anedot, Inc.		
Amount (\$)	Payee address; City; State; Zi	p Code	
\$2.65	1340 Poydras Street, Suite 1770		
Ψ2.00	10 to 10 to Guide Guidet, Guide 1110		
Expenditure from corporate funds	New Orleans, LA 70112		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	' I <u>—</u>	
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
		i unuraising riauomi ree	
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held	
expenditure to benefit C/O		o sought Office field	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services			/ages	/Contract Labor			THER (enter		not listed above)	
				The Instruction (	Guide explains	how to cor	mple	te this form.	_					
1	Total pages Schedule F1:	2	FILER NAME						3	Fi	ler ID	(Ethics	Commission F	ilers)
	Sch: 168/222 Rpt:		McLennan (	County Republ	ican Womer	n PAC				0	0018802			
4	Date	5	Payee name											
	05/09/2025		Anedot, Inc.											
6	Amount (\$)	7	Payee addres	ss; City;	State	; Zip Co	de							
	\$1.48		1340 Poydra	as Street, Suite	e 1770									
			,	,										
Г	Expenditure from corporate funds		New Orlean	s, LA 70112										
_		(-)		3, LA 70112			(1-)							
8	PURPOSE OF	(a)		e Categories listed at	the top of this sch	hedule)	(b)	Description Check if travel of	outoi	ido	of Toyon Cor	nnlata Cab	adula T	
	EXPENDITURE		Fees					Check if traver of Check if Austin,						
								Fundraising F				3 - 1		
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9	Complete ONLY if direct		Candidate/Offic	ceholder name	(	Office sou	aht				Office h	eld		
	expenditure to benefit C/OI	Н					9							
	Date	Г	Dayoo nama											
	05/09/2025		Payee name Anedot, Inc.											
		L			Ctata	7in Co	al a							
	Amount (\$)		Payee addres			e; Zip Co	ue							
	\$1.48		1340 Poyara	as Street, Suite	e 1770									
_	T Expenditure from													
L	corporate funds		New Orlean	s, LA 70112										
	PURPOSE	(a)	Category (Se	e Categories listed a	the top of this sch	hedule)	(b)	Description						
	OF EXPENDITURE		Fees					Check if travel						
								Check if Austin,				ig expense		
								Fundraising F	-iai	uo	IIII Fee			
	Commiste ONLY if direct	<u> </u>	Canadidata/Offi	ceholder name		Office com	a. la 4				Office le	اماما		
	Complete ONLY if direct expenditure to benefit C/OI		zanuluale/Omo	centituer name	(	Office sou	gnı				Office h	ieiu		
		_												
	Date		Payee name											
	05/09/2025		Anedot, Inc.											
	Amount (\$)		Payee address	ss; City;	State	e; Zip Co	de							
	\$1.42		1340 Poydra	as Street, Suite	e 1770									
	- Evnanditura from													
	Expenditure from corporate funds		New Orlean	s, LA 70112										
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	hedule)	(b)	Description						
	OF		Fees					Check if travel	outsi	ide	of Texas. Cor	nplete Sch	edule T.	
	EXPENDITURE							Check if Austin,				ig expense		
								Fundraising F	Plat	tfo	rm Fee			
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	(	Office sou	ght				Office h	ield		
	experiorale to belieff C/Of	1												

#### SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_					
Sch: 169/222 Rpt:	McLennan County Republican Women PAC 00018802						
4 Date	5 Payee name	_					
05/09/2025	Anedot, Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip Code	_					
\$1.42	1340 Poydras Street, Suite 1770						
- "							
Expenditure from corporate funds	New Orleans, LA 70112						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
Date	Payee name	=					
05/09/2025	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code	_					
\$2.54	1340 Poydras Street, Suite 1770						
Ψ2.04	1040 F Gyardas Garcott, Guite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee						
	a anathoning in taxonining of						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_					
expenditure to benefit C/OI							
Date	Payee name	=					
05/09/2025	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code	_					
\$1.48	1340 Poydras Street, Suite 1770						
<b>41.10</b>	10 to to Gyarda Stroot, Suite 11 to						
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee						
	Tanaraising Flattorin Fee						
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OH						
		_					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 170/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
05/09/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	Fundraising Flationii Fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/09/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.48	1340 Poydras Street, Suite 1770	
¥=1.15		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
experiulture to beriefit C/Or		
Date	Payee name	
05/09/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
Ψ1.42	10 to 1 Gyardo Otrock, Odito 11 To	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)				
	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 171/222 Rpt:	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name				
05/09/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
SAPORALE OF BOHOM OF					
Date	Payee name				
05/12/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$2.40	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
05/12/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.81	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
LAFLINDITURE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experiulture to beliefit C/Off					

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 172/222 Rpt:	McLennan County Republican Women PAC 00018802					
4 Date	5 Payee name					
05/12/2025	Anedot, Inc.					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1.60	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee					
	Tundraising Flatform Fee					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI						
Date	Payee name					
05/12/2025	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$0.73	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
_, _, _, _, _, _, _, _, _, _, _, _, _, _	Check if Austin, TX, officeholder living expense					
	Fundraising Platform Fee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
05/13/2025	Anedot, Inc.					
Amount (\$)	Payee address; City; State; Zip Code					
\$1.54	1340 Poydras Street, Suite 1770					
Expenditure from corporate funds	New Orleans, LA 70112					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Fundraising Platform Fee					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialitate to periorit G/OTT						

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/W  The Instruction Guide explains how to con	ages/Contract Labor OTHER (enter a category not listed above)  nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
· ·		00018802
Sch: 173/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
05/13/2025	Anedot, Inc.	
6 Amount (ft)	7 Payee address; City; State; Zip Co	40
6 Amount (\$)		ue
\$2.54	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
	<u> </u>	(I-X
8 PURPOSE OF	(	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
	1	
Date	Payee name	
05/13/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$0.50	1340 Poydras Street, Suite 1770	
\$0.50	1340 Poyulas Stieet, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Cotogony	(b) Description
OF	, ,	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		Tundraising Flation in Fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	H	
Date	Davisa nama	
	Payee name	
05/13/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.46	1340 Poydras Street, Suite 1770	
1		
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 003	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
I	I I	a.cga.c

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

#### SCHEDULE F1

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

Event Expense L
Fees C
Food/Beverage Expense F
Gitt/Awards/Memorials Expense F
Legal Services F

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
	· · · · · · · · · · · · · · · · · · ·				
1 Total pages Schedule F1:					
Sch: 174/222 Rpt:	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name				
05/13/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE					
OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
Date	Payee name				
05/13/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.54	1340 Poydras Street, Suite 1770				
72.0					
Expenditure from	New Orleans, LA 70112				
corporate funds	New Orleans, LA 70112				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description				
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
	T difficulties in g T latter in T ee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O					
<u> </u>					
Date	Payee name				
05/13/2025	Anedot, Inc.				
Amount (\$)	Payee address; City; State; Zip Code				
\$1.42	1340 Poydras Street, Suite 1770				
Expenditure from					
corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
experiulture to beliefit C/Off					

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift	od/Beverage Expense t/Awards/Memorials Expense gal Services	Polling Expe Printing Exp			Travel in Distric		
	Credit Card Payment	Th	ne Instruction Guide explai	ns how to com	plete this form.				
1	Total pages Schedule F1: Sch: 175/222 Rpt:		unty Republican Wom	en PAC		3	Filer ID 00018802	(Ethics Commission Filers)	
4	Date	<b>5</b> Payee name							-
	05/13/2025	Anedot, Inc.							
-	Amount (\$)	7 Payee address;	City; Sta	ite; Zip Cod					_
6	\$1.42	•	Street, Suite 1770	ite, Zip Cou	e				
	Expenditure from corporate funds	New Orleans,	LA 70112						
8	PURPOSE	(a) Category (See C	Categories listed at the top of this	schedule) (	b) Description				
	OF EXPENDITURE	Fees				tin, TX	, officeholder livin	nplete Schedule T. g expense	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeh	nolder name	Office soug	ht		Office h	eld	_
	Date	Payee name							=
	05/13/2025	Anedot, Inc.							
	Amount (\$)	Payee address;	City; Sta	te; Zip Cod	e				-
	\$1.42	1340 Poydras	Street, Suite 1770						
		,	,						
	Expenditure from corporate funds	New Orleans,	LA 70112						
	PURPOSE OF	(a) Category (See C	Categories listed at the top of this	schedule) (	b) Description				
	EXPENDITURE	Fees			<b>=</b>		ide of Texas. Cor , officeholder livin	nplete Schedule T.	
					Fundraising			g expense	
					r arraraion ig				
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	nolder name	Office soug	ht		Office h	eld	-
									=
	Date	Payee name							
	05/13/2025	Anedot, Inc.							
	Amount (\$)	Payee address;	City; Sta	ite; Zip Cod	e				
	\$2.78	1340 Poydras	Street, Suite 1770						
	- Evnanditura from								
	Expenditure from corporate funds	New Orleans,	LA 70112						
	PURPOSE	(a) Category (See C	Categories listed at the top of this	schedule) (	b) Description				_
	OF EXPENDITURE	Fees		ĺ	ш			nplete Schedule T.	
	LXFENDITORE				ш		, officeholder livin	g expense	
					Fundraising	Pla	tīorm ⊢ee		
									_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office soug	ht		Office h	eld	
									-

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 176/222 Rpt:	McLennan County Republican Women PAC 00018802				
4 Date	5 Payee name				
05/13/2025	Anedot, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$5.02	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
Date	Payee name				
05/13/2025	Anedot, Inc.				
	<u> </u>				
Amount (\$)					
\$1.54	1340 Poydras Street, Suite 1770				
Expenditure from					
corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/O	1				
Date	Payee name				
05/13/2025	Anedot, Inc.				
	<u> </u>				
Amount (\$)	Payee address; City; State; Zip Code				
\$2.58	1340 Poydras Street, Suite 1770				
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Fundraising Platform Fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officeholder/Political Commit Credit Card Payment	ittee Legal Services S  The Instruction Guide explains ho	alaries/Wages/Contract Labor v to complete this form.	OTHER (enter a category not listed above)			
1 Total pages Schedule F1: 2 FII	ILER NAME		3 Filer ID (Ethics Commission Filers)			
Sch: 177/222 Rpt: Mo	lcLennan County Republican Women P	AC	00018802			
<b>4</b> Date <b>5</b> Pa	ayee name					
05/18/2025 Ar	nedot, Inc.					
<b>6</b> Amount (\$) <b>7</b> Pa	ayee address; City; State; 2	Zip Code				
\$1.15 13	340 Poydras Street, Suite 1770					
Expenditure from corporate funds	ew Orleans, LA 70112					
8 PURPOSE (a) Ca	ategory (See Categories listed at the top of this schedu	(b) Description				
EXPENDITURE F6	ees		l outside of Texas. Complete Schedule T.			
		, <u>–</u>	n, TX, officeholder living expense Platform Fee			
		i undraising	i idioiii i ee			
9 Complete ONLY if direct Can	ndidate/Officeholder name Offi	 ce sought	Office held			
expenditure to benefit C/OH		-				
Date Pa	ayee name					
	nedot, Inc.					
Amount (\$) Pa	ayee address; City; State; 2	Zip Code				
\'''	340 Poydras Street, Suite 1770					
41.00	oron oyaras subst, santo 1770					
Expenditure from corporate funds	ew Orleans, LA 70112					
PURPOSE (a) Ca	ategory (See Categories listed at the top of this schedu	(b) Description				
I O⊨ I	ees	Check if travel	l outside of Texas. Complete Schedule T.			
_/		<del>_</del> _	n, TX, officeholder living expense			
		Fundraising	Platform Fee			
Operation ONE Vitation of Con-	Office de all lands and a series	Office health				
Complete <u>ONLY</u> if direct Can expenditure to benefit C/OH	ndidate/Officeholder name Offi	ce sought	Office held			
	ayee name					
05/29/2025 Ar	nedot, Inc.					
Amount (\$)	ayee address; City; State; 2	Zip Code				
\$2.65 13	340 Poydras Street, Suite 1770					
- Fynanditure fre						
Expenditure from corporate funds	ew Orleans, LA 70112					
	ategory (See Categories listed at the top of this schedu	(b) Description				
OF EXPENDITURE	ees		outside of Texas. Complete Schedule T.			
		<b>-</b>	n, TX, officeholder living expense			
		Fundraising	Platform Fee			
Complete ONII V M discret	and date (Office helder news		Office held			
Complete <u>ONLY</u> if direct Can expenditure to benefit C/OH	ndidate/Officeholder name Offi	ce sought	Office held			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 178/222 Rpt:	McLennan County Republican Women PAC 00018802						
4 Date	5 Payee name						
05/29/2025	Anedot, Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$3.66	1340 Poydras Street, Suite 1770						
Evpanditura fram							
Expenditure from corporate funds	New Orleans, LA 70112						
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
	T unutaising Flation Free						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/O							
Date	Davida warna						
	Payee name						
05/29/2025	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$1.48	1340 Poydras Street, Suite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
EXI ENDITORE	Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
2 1 2 2 2 2 2 2 2							
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
Date	Payee name						
05/30/2025	Anedot, Inc.						
Amount (\$)	Payee address; City; State; Zip Code						
\$2.65	1340 Poydras Street, Suite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	Fundraising Platform Fee						
Complete <u>ONLY</u> if direct expenditure to benefit C/O							
experiulture to benefit G/Off							

### 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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 179/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
05/30/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		· and along · land · co
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/Ol		Ginee field
Date	Payee name	
05/30/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Commission ONLLY if alignest	Condidate/Officeholder page	oht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	gnt Office neid
Date	Payee name	
05/30/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$2.65	1340 Poydras Street, Suite 1770	
— Forest diture from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experiorare to benefit C/OI	1	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 180/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	•
05/31/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held
·		
Date	Payee name	
05/31/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	e
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		rundiaising riationin ree
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/Ol	<b>3</b>	it Office field
Data		
Date 05/31/2025	Payee name Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	, ,	D) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		-
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		

#### SCHEDULE F1

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

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 181/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
05/31/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/O	
Date	Payee name
05/31/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	
Date	Payee name
06/01/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitire to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 182/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
- Evpanditura from	
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete ONLY if direct	Candidata/Officeholder name Office country Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.15	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Ψ110	1040 F Gydras Circot, Gaile 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
İ	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTALE (Control of State Control of C

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 183/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
42.10	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Φ2.54	1340 Poyuras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
2/1 2/15/10/1C	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 184/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/02/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	T dildidishing Flatforni Fee
O Commission ONII V if diment	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/02/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	1

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 185/222 Rpt:	2 FILER NAME  McLennan County Republican Women PAC  3 Filer ID (Ethics Commission Filers) 00018802
<b>4</b> Date 06/03/2025	5 Payee name Anedot, Inc.
6 Amount (\$) \$1.48	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/03/2025	Payee name Anedot, Inc.
Amount (\$) \$1.42	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 06/03/2025	Payee name Anedot, Inc.
Amount (\$) \$1.48	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to con	nplete this form.
1 Total pages Schedule F1:	·	3 Filer ID (Ethics Commission Filers)
Sch: 186/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
06/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		Ğ
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
06/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	No.
\$1.48	1340 Poydras Street, Suite 1770	
Ψ1.40	1040 i Oyurus Sireet, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		ranaraomy riadom ros
Complete ONLY if direct	Candidate/Officeholder name Office soug	tht Office held
expenditure to benefit C/O		•
Date	Payee name	
06/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Coo	No.
\$1.48	1340 Poydras Street, Suite 1770	
Ψ1.40	1540 i Oyulus Olicci, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fundraising Platform Fee
		rundialsing rialionin ree
Complete ONLY if direct	Candidate/Officeholder name Office soug	tht Office held
expenditure to benefit C/O		onice neid

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 187/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
06/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.54	1340 Poydras Street, Suite 1770	
- Evpanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee	
	Tundraising Flationin Fee	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Davies same	
	Payee name	
06/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
- Evenanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
2 1 2 2 1 1 2 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/03/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
0 1. 6		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
·		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 188/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/03/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
5/10/10/10/10 00/10/10 0/0	
Date	Payee name
06/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
06/03/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiolitife to beliefft C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 189/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	
06/03/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		· and along · land · co
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		gnit Onice neid
Data		
Date	Payee name	
06/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
Date	Payee name	
06/04/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Co	de
\$1.48	1340 Poydras Street, Suite 1770	
- "		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght Office held
experience to belief 6/01	•	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 190/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/04/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	i dildidising i lationii i ee
O Complete ONLY if direct	Candidata/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/04/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialities to beliefft C/OI	'

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	<u> </u>	-
Sch: 191/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	_
06/04/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee	
	T diffusion for the control of the c	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_
Date	Payee name	
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
— Comparable was from		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
		_
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to borionic Grou		
Date	Payee name	
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
- "		
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	1	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Candidate/Officeholder/Politica		gal Services	Salaries/M		e /Contract Labor		OTHER (enter a	strict a category not listed above)	
Credit Card F dyment	Th	e Instruction Guide expla	ins how to co	mple	te this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers	s)
Sch: 192/222 Rpt:	McLennan Co	unty Republican Wor	nen PAC				00018802		
4 Date	5 Payee name								
06/05/2025	Anedot, Inc.								
6 Amount (\$)	7 Payee address;	City; St	ate; Zip Co	de					
\$1.42	1340 Poydras	Street, Suite 1770							
Expenditure from corporate funds	New Orleans,	LA 70112							
8 PURPOSE	(a) Category (See (	Categories listed at the top of this	schedule)	(b)	Description				
OF	Fees	categories listed at the top of this	s scriedule)	` '	:	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITURE					Check if Austin,	, TX,	officeholder livin	g expense	
					Fundraising F	Plat	form Fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office sou	ght			Office h	eld	
expenditure to benefit C/O	<u></u>								
Date	Payee name								
06/05/2025	Anedot, Inc.								
Amount (\$)	Payee address;	City; St	ate; Zip Co	de					
\$1.48	1340 Poydras	Street, Suite 1770							
Expenditure from corporate funds	New Orleans,	LA 70112							
PURPOSE	(a) Category (See (	Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDITURE	Fees		,		Check if travel of	outsi	de of Texas. Con	nplete Schedule T.	
EXPENDITORE					ш		officeholder livin	g expense	
					Fundraising F	Plat	form Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office sou	ght			Office h	eld	
experience to believe eye	·								
Date	Payee name								
06/05/2025	Anedot, Inc.								
Amount (\$)	Payee address;	City; St	ate; Zip Co	de					
\$1.48	1340 Poydras	Street, Suite 1770							
- Evnanditura from									
Expenditure from corporate funds	New Orleans,	LA 70112							
PURPOSE	(a) Category (See (	Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDITURE	Fees				<u> </u>			nplete Schedule T.	
LAPENDITORE							officeholder livin	g expense	
					Fundraising F	lat۔	τorm Fee		
	<u> </u>								
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officel	nolder name	Office sou	ght			Office h	eld	
5/10/10/10/10 00/10/10 0/0	<u> </u>								

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 193/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	
Date	Payee name
06/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to believe eye	
Date	Payee name
06/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	n 

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 194/222 Rpt:	McLennan County Republican Women PAC	00018802
4 Date	5 Payee name	<u> </u>
06/05/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Tit Office field
Data	<u> </u>	
Date	Payee name	
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
		· ·
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	-1	
Date	Payee name	
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(4) 0	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule)  Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1 000	Check if Austin, TX, officeholder living expense
		Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experialitie to beliefft C/OI	·	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services		Vages	/Contract Labor		OTHER (enter	a category not listed abov	/e)
orean outer aymon		The Instruction Guide exp	lains how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commissio	n Filers)
Sch: 195/222 Rpt:	McLennan (	County Republican Wo	men PAC				00018802		
4 Date	5 Payee name								
06/05/2025	Anedot, Inc.								
6 Amount (\$)	7 Payee addres	s; City; S	State; Zip Co	de					
\$1.42	1340 Poydra	as Street, Suite 1770							
Expenditure from corporate funds	New Orleans	s, LA 70112							
8 PURPOSE	(a) Category (Se	e Categories listed at the top of the	his schadula)	(b)	Description				
OF	Fees	e categories listed at the top of the	iis scriculic)	<u> </u>		outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITURE					Check if Austin,	, TX,	officeholder livin	ng expense	
					Fundraising F	Plat	form Fee		
9 Complete ONLY if direct	Candidate/Offic	ceholder name	Office sou	ght			Office h	neld	
expenditure to benefit C/OI	<del>п</del>								
Date	Payee name								
06/05/2025	Anedot, Inc.								
Amount (\$)	Payee addres	s; City; S	State; Zip Co	ode					
\$2.65	1340 Poydra	as Street, Suite 1770							
Expenditure from corporate funds	New Orleans	s, LA 70112							
PURPOSE	(a) Category (Se	e Categories listed at the top of the	nis schedule)	(b)	Description				
OF EXPENDITURE	Fees		ŕ		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITORE					ш		officeholder livin	ng expense	
					Fundraising F	Plat	form Fee		
	<u> </u>			Ļ					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	eholder name	Office sou	ght			Office h	ield	
experience to benefit even									
Date	Payee name								
06/05/2025	Anedot, Inc.								
Amount (\$)	Payee addres	s; City;	State; Zip Co	ode					
\$1.48	1340 Poydra	as Street, Suite 1770							
Expenditure from corporate funds	New Orleans	s, LA 70112							
PURPOSE	(a) Category (Se	e Categories listed at the top of the	his schedule)	(b)	Description				
OF EXPENDITURE	Fees		,		Check if travel of	outsi	de of Texas. Cor	mplete Schedule T.	
EXPENDITORE							officeholder livin	ng expense	
					Fundraising F	Plat	torm Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Offic	ceholder name	Office sou	ght			Office h	neld	
experience to belieff C/O									

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 196/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
06/05/2025	Anedot, Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1.42	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$1.48	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
LA LABITORE	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
06/05/2025	Anedot, Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.65		
Φ2.05	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Fundraising Platform Fee	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 197/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/05/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/05/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
¥=·.=	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flationii Fee
Complete ONLY if direct	Candidate/Officeholder name Office country Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
•	

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/We The Instruction Guide explains how to con		ct Contract Labor OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 198/222 Rpt:	McLennan County Republican Women PAC		00018802
4	Date	5 Payee name		
	06/06/2025	Anedot, Inc.		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$1.48	1340 Poydras Street, Suite 1770		
	Expenditure from corporate funds	New Orleans, LA 70112		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Fundraising Platform Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	06/06/2025	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1.48	1340 Poydras Street, Suite 1770		
	Expenditure from corporate funds	New Orleans, LA 70112		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Fundraising Platform Fee
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	06/06/2025	Anedot, Inc.		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1.48	1340 Poydras Street, Suite 1770		
	Expenditure from corporate funds	New Orleans, LA 70112		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense
				Fundraising Platform Fee
-	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/OI		jiil	Office Held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1: Sch: 199/222 Rpt:	2 FILER NAME  McLennan County Republican Women PAC  3 Filer ID (Ethics Commission Filers)  00018802
4 Date	5 Payee name
06/06/2025	1.000
00/00/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
•	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	Fundasing Flation (Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>n</b>
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
, ,	
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$3.81	1340 Poydras Street, Suite 1770
Expenditure from	Now Orleans, LA 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 200/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundialing Flation (Fee
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experialitate to beliefit 6/0	
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$10.73	1340 Poydras Street, Suite 1770
,=311	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Ħ

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

rsement Solicitation/Fundraising Expense

xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Labor OTHER (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 201/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.65	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T unutaising Flation in Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	T -
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFLINDITUKE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientale to belieff C/O	••

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 202/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/06/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Fundraising Platform Fee
	Fundraising Flation in Fee
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to serious eye	
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.48	1340 Poydras Street, Suite 1770
,	
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
06/06/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.42	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LA LIBITORE	Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 203/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/10/2025	Anedot, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.54	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Platform Fee
	T dildidishing Flattorini Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/10/2025	Anedot, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.10	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Fundraising Platform Fee
	Fundialsing Flation Fee
Commission ONLY if aligness	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/20/2025	Baylor Club
Amount (\$)	Payee address; City; State; Zip Code
\$2,155.84	1001 South Martin Luther King Blvd,
Expenditure from corporate funds	Waco, TX 76704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense
Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 204/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/24/2025	Baylor Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,603.79	1001 South Martin Luther King Blvd,
Expenditure from	
corporate funds	Waco, TX 76704
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food and Beverage for Monthly Luncheon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/14/2025	Baylor Club
Amount (\$)	Payee address; City; State; Zip Code
\$3,415.73	1001 South Martin Luther King Blvd,
Expenditure from corporate funds	Waco, TX 76704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
04/15/2025	Baylor Club
Amount (\$)	Payee address; City; State; Zip Code
\$2,911.78	1001 South Martin Luther King Blvd,
Expenditure from	
corporate funds	Waco, TX 76704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

# SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica	
Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 205/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/10/2025	Baylor Club
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,575.80	1001 South Martin Luther King Blvd,
Expenditure from	
corporate funds	Waco, TX 76704
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/16/2025	Baylor Club
Amount (\$)	Payee address; City; State; Zip Code
\$2,659.79	1001 South Martin Luther King Blvd,
Expenditure from	
corporate funds	Waco, TX 76704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food and Beverage for Monthly Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
06/17/2025	Beau Crosby Flowers
Amount (\$)	Payee address; City; State; Zip Code
\$176.43	6509 Bosque Blvd
Expenditure from	
corporate funds	Waco, TX 76710
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Flowers for Funeral
	Tiowers for Functur
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: Sch: 206/222 Rpt:	2 FILER NAME McLennan County Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00018802
4 Date 01/03/2025 6 Amount (\$) \$7.99	<ul> <li>5 Payee name     Bush's Chicken</li> <li>7 Payee address; City; State; Zip Code     1704 S. Valley Mills</li> </ul>
Expenditure from corporate funds	Waco, TX 76711
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Beverages for Board Retreat
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 01/21/2025	Payee name CFO Shield, LLC dba Red Elephant Reports
Amount (\$) \$383.35	Payee address; City; State; Zip Code 959 W. Glade Rd.
Expenditure from corporate funds	Hurst, TX 76054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services and Support
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date 02/11/2025	Payee name CFO Shield, LLC dba Red Elephant Reports
Amount (\$) \$683.35	Payee address; City; State; Zip Code 959 W. Glade Rd.
Expenditure from corporate funds	Hurst, TX 76054
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services and Support
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 207/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/12/2025	CFO Shield, LLC dba Red Elephant Reports
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$386.60	959 W. Glade Rd.
Expenditure from	
corporate funds	Hurst, TX 76054
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Campaign Bookkeeping Services and Support
	Campaigh Bookkeeping Services and Support
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/14/2025	CFO Shield, LLC dba Red Elephant Reports
Amount (\$)	Payee address; City; State; Zip Code
\$386.60	959 W. Glade Rd.
Expenditure from corporate funds	Hurst, TX 76054
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Campaign Bookkeeping Services and Support
	Campaigh Bookkeeping Services and Support
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/15/2025	CFO Shield, LLC dba Red Elephant Reports
Amount (\$)	Payee address; City; State; Zip Code
\$386.60	959 W. Glade Rd.
+333.00	
Expenditure from corporate funds	Hurst, TX 76054
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Campaign Bookkeeping Services and Support
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	$\dashv$
Sch: 208/222 Rpt:	McLennan County Republican Women PAC 00018802	
4 Date	5 Payee name	
06/10/2025	CFO Shield, LLC dba Red Elephant Reports	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$386.60	959 W. Glade Rd.	
Expenditure from corporate funds	Hurst, TX 76054	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Campaign Bookkeeping Services and Support	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
01/03/2025	Chicken Salad Chick	
Amount (\$)	Payee address; City; State; Zip Code	
\$36.77	1509 Hewitt Dr., Unit B	
Ψ30.77	1303 Newitt Dr., Offit D	
Expenditure from corporate funds	Waco, TX 76712	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Food for Board Retreat	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	_
01/01/2025	George's Restaurant	
Amount (\$)	Payee address; City; State; Zip Code	
\$200.00	1925 Speight Avenue	
Expenditure from		
corporate funds	Waco, TX 76706	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Banquet Hall Deposit for Inagural Party	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	н	
		-

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 209/222 Rpt:		McLennan (	County Republica	ın Women	PAC				00018802		
4	Date	5	Payee name									
	01/20/2025		George's R	estaurant								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip C	ode					
	\$3,915.44		1925 Speig	ht Avenue								
	Expenditure from corporate funds		Waco, TX 7	6706								
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse				<b>=</b>		de of Texas. Comp		
								<b>—</b>		officeholder living	for Inagural Party	
								. 553, 564616	.gc.	- ~ Jaconing	agarar arty	
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office so	ught			Office he	ld	
_	Date	Π	Payee name									_
	01/21/2025		George's R	estaurant								
	Amount (\$)	$\vdash$	Payee addres		State:	Zip C	ode					_
	\$15.53		1925 Speig				-					
			1 9									
	Expenditure from corporate funds		Waco, TX 7	6706								
	PURPOSE	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse				<b>=</b>		de of Texas. Comp officeholder living		
											for Inagural Party	
								. 553, 567610	.go.	- ~ Jaconing	agarar arty	
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	ceholder name	C	Office so	ught			Office he	eld	
	Date		Payee name									_
	01/02/2025		HEB									
	Amount (\$)		Payee addres	ss; City;	State;	Zip C	ode					
	\$62.55		3901 N 19th	n Street								
	Expenditure from corporate funds		Waco, TX 7	6708								
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense						de of Texas. Comp officeholder living		
								Food For Boa		_	expense	
								. 550 1 01 000	ai u	. tou out		
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/O						3					

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 210/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
01/07/2025	HEB
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$104.70	3901 N 19th Street
Expenditure from corporate funds	Waco, TX 76708
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Beverages for Inagural Party
O Consulate ONII V if dispert	Open Highest (Office health and a second sec
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/16/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$15.13	3901 N 19th Street
Expenditure from corporate funds	Waco, TX 76708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Food & Beverage for Inagural Party
2 1 2 2 1 1 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/10/2025	HEB
Amount (\$)	Payee address; City; State; Zip Code
\$50.68	3901 N 19th Street
Expenditure from corporate funds	Waco, TX 76708
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	New Member Orientation
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 211/222 Rpt:	McLennan County Republican Women PAC  00018802
4 Date	5 Payee name
01/02/2025	Harland Clarke Corporation
6 Amount (\$) \$64.51	<ul><li>7 Payee address; City; State; Zip Code</li><li>15955 La Cantera Parkway</li></ul>
Expenditure from corporate funds	San Antonio, TX 78256
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Fee for Checks
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/15/2025	Hobby Lobby
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$45.36	1200 Richland Drive, Suite 1
Expenditure from corporate funds	Waco, TX 76710
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Supplies for Inagural Party
	Supplies to magnitude and
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	'
Date	Payee name
06/20/2025	Holly Tucker
	-
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 23921
Expenditure from	Ween TV 76702
corporate funds	Waco, TX 76702
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Artist for Event
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 212/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/13/2025	Imprint.Com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$439.12	14550 Beechnut St.
- Funanditura from	
Expenditure from corporate funds	Houston, TX 77083
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Mugs
	Mugs
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/28/2025	MailChimp
	·
Amount (\$)	
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly Email Service
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/28/2025	MailChimp
Amount (\$)	Payee address; City; State; Zip Code
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense  Monthly Email Service
	Monthly Enfance
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID	(Ethics Commission Filers)
Sch: 213/222 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name			
03/28/2025	MailChimp			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000			
Expenditure from				
corporate funds	Atlanta, GA 30308			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Check if travel outsi		
		Check if Austin, TX, Monthly Email S		expense
		I Working Email o	.017100	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office he	ld .
expenditure to benefit C/OI		-9	000 1.0	
Date	Payee name			
04/29/2025	MailChimp			
Amount (\$)	Payee address; City; State; Zip Ci	nde		
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000	oue		
Ψ41.31	073 Forice de Leon Avende NE, Suite 3000			
Expenditure from corporate funds	Atlanta, GA 30308			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	Check if travel outsi Check if Austin, TX,		
		Monthly Email S		ехрепое
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>I</u> ıght	Office he	ld
expenditure to benefit C/OI	<del>1</del>			
Date	Payee name			
05/29/2025	MailChimp			
Amount (\$)	Payee address; City; State; Zip Ci	ode		
\$47.97	675 Ponce de Leon Avenue NE, Suite 5000	540		
¥	0.0.00000000000000000000000000000000000			
Expenditure from corporate funds	Atlanta, GA 30308			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	Advertising Expense	Check if travel outsi Check if Austin, TX,		
		Monthly Email S		expense
Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ıaht	Office he	ld
expenditure to benefit C/OI		9	0001.0	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment		egal Services	Salaries/M		e /Contract Labor		OTHER (enter a	a category not listed above)	
Credit Card Payment	1	he Instruction Guide expla	ins how to co	mple	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Fil	ers)
Sch: 214/222 Rpt:	McLennan C	ounty Republican Won	nen PAC				00018802		
4 Date	5 Payee name								
06/30/2025	MailChimp								
6 Amount (\$)	<b>7</b> Payee address	s; City; St	ate; Zip Co	de					
\$47.97	675 Ponce d	e Leon Avenue NE, Su	ite 5000						
Expenditure from corporate funds	Atlanta, GA 3	30308							
8 PURPOSE				(h)	Description				
OF	Advertising E	Categories listed at the top of this	s schedule)	(5)		outsi	de of Texas. Com	nplete Schedule T.	
EXPENDITURE	7.0.707.0.0119 2	жропоо			_		officeholder living	g expense	
					Monthly Emai	il S	ervice		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ght			Office h	eld	
expenditure to benefit C/Oi	1								
Date	Payee name								
02/18/2025	Marco Promo	otions LLC							
Amount (\$)	Payee address	s; City; St	ate; Zip Co	de					
\$176.57	2640 Comme	erce Drive							
Expenditure from corporate funds	Harrisburg, F	A 17110							
PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDITURE		ead/Rental Expense	,		Check if travel of	outsi	de of Texas. Com	nplete Schedule T.	
EXPENDITORE					<b>—</b>		officeholder living		
					New Member	&	Sponsor Bo	ard Ribbon	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ght			Office h	eld	
Date	Payee name								
04/14/2025	Marco's Pizz	a 							
Amount (\$)	Payee address	•	ate; Zip Co	de					
\$106.70	10324-A Chii	na Spring Rd							
Expenditure from									
corporate funds	Waco, TX 76	708							
PURPOSE	(a) Category (See	Categories listed at the top of this	s schedule)	(b)	Description				
OF EXPENDITURE	Food/Bevera				므			nplete Schedule T.	
_/							officeholder living	g expense	
					Pizza for Atte	iiu	CC3		
Complete ONLY if direct	Candidate/Office	sholder name	Office sou	aht			Office h	ald	
expenditure to benefit C/OI		SHOWER HAIRE	Onice Sou	yrıl			Onice II	Ciu	

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	mplete th	` ,	<i>(e)</i>
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission	n Filers)
Sch: 215/222 Rpt:	McLennan County Republican Women PAC		00018802	
4 Date	5 Payee name		•	
03/11/2025	Name Badges, Inc			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$41.61	12240 SW 53rd Street, Suite 511			
Expenditure from corporate funds	Cooper City, FL 33330			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		scription	
EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
			ame Badges (2) Total	
		. 100	and Laages (L) Tetal	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held	
expenditure to benefit C/OI		giit	Cinice field	
D-1-				
Date	Payee name			
01/06/2025	SpareBox Storage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$115.00	501 Hewitt Drive			
Expenditure from				
corporate funds	Waco, TX 76712			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> Des	scription	
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE			Check if Austin, TX, officeholder living expense	
		ке	ental for SpareBox Storage Unit	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held	
experientare to benefit ever				
Date	Payee name			
02/04/2025	SpareBox Storage			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$115.00	501 Hewitt Drive			
Formani (Co. Co.				
Expenditure from corporate funds	Waco, TX 76712			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Des	scription	
OF	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE			Check if Austin, TX, officeholder living expense	
		Re	ental for SpareBox Storage Unit	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	7			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 216/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/04/2025	SpareBox Storage
6 Amount (\$) \$115.00	7 Payee address; City; State; Zip Code 501 Hewitt Drive
,	
Expenditure from corporate funds	Waco, TX 76712
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Rental for SpareBox Storage Unit
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/04/2025	SpareBox Storage
Amount (\$)	Payee address; City; State; Zip Code
\$115.00	501 Hewitt Drive
Ψ110.00	OUT HOWILD DIVE
Expenditure from corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Rental for SpareBox Storage Unit
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/05/2025	SpareBox Storage
Amount (\$)	Payee address; City; State; Zip Code
\$115.00	501 Hewitt Drive
<b>4220.00</b>	
Expenditure from corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Rental for SpareBox Storage Unit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 217/222 Rpt:	McLennan County Republican Women PAC 00018802
4	Date	5 Payee name
	06/04/2025	SpareBox Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.00	501 Hewitt Drive
	Expenditure from corporate funds	Waco, TX 76712
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Rental for SpareBox Storage Unit
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
_	expenditure to benefit C/OF	
	Date	Payee name
	06/17/2025	TEMU
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.18	31 Street James Avenue, STE 355
	Expenditure from corporate funds	Boston, MA 02116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Membership Gifts
		Wellbership one
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/61	
	Date	Payee name
	01/31/2025	TFRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,125.00	13740 N. Highway 183, Suite J4
_	- Evpanditura from	
	Expenditure from corporate funds	Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_	Candidate/Officeholder/Political Committee
		January Weinbership
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 218/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/18/2025	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$556.60	13740 N. Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXPENDITORE	Candidate/Officeholder/Political Committee
	Membership
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2025	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$480.70	13740 N. Highway 183, Suite J4
Ψ-100.110	10140 N. Highway 100, Calle 04
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Membership Membership
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
03/20/2025	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$531.30	13740 N. Highway 183, Suite J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Michibership Fee Continuation
Complete ONLY if allow	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
p = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =	

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 219/222 Rpt:	McLennan County Republican Women PAC 00018802
4	Date	5 Payee name
	05/19/2025	TFRW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.20	13740 N. Highway 183, Suite J4
	Expenditure from corporate funds	Austin, TX 78750
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Membership Fee Contribution
Ļ	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/19/2025	TFRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$151.80	13740 N. Highway 183, Suite J4
	Expenditure from corporate funds	Austin, TX 78750
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Wellibership i de Contribution
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/23/2025	TFRW
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.20	13740 N. Highway 183, Suite J4
	Expenditure from corporate funds	Austin, TX 78750
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		The Bolland
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 220/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
06/20/2025	USPS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$192.00	430 W State Highway 6
Expenditure from	
corporate funds	Waco, TX 76705
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Annual PO Box Rental
	/ lindari o box (Cita)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
06/11/2025	UTMDACC
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1515 Holcombe Blvd
+000.00	2020 110.00011120 2.110
Expenditure from corporate funds	Houston, TX 77030
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Gift / Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/10/2025	Vistaprint
Amount (\$)	Payee address; City; State; Zip Code
\$111.46	275 Wyman Street
,	,,
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Welcome Sign & Photo Booth Sign for Inagural Party
	welcome Sign & Filoto Booth Sign for inagular Party
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Candidate/Officenolder/Political	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 221/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
03/25/2025	Vistaprint
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.20	275 Wyman Street
Expenditure from corporate funds	Waltham, MA 02451
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense 70th Anniversary Sign
	70th Anniversary Sign
O O consider ONE V if discret	Open High to 10ff and held a group of the country o
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/25/2025	Vistaprint
Amount (\$)	Payee address; City; State; Zip Code
\$227.73	275 Wyman Street
Expenditure from corporate funds	Waltham, MA 02451
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Brochure and Business Cards
	Brochure and Business Cards
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	
Date	Payee name
01/03/2025	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$58.89	4320 Franklin Avenue
Expenditure from corporate funds	Waco, TX 76710
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Computer Accessories
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 222/222 Rpt:	McLennan County Republican Women PAC 00018802
4 Date	5 Payee name
02/27/2025	Wells Fargo
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.00	420 Montgomery Street
Expenditure from corporate funds	San Francisco, CA 94104
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Bank Service Charge
	Dalik Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2025	Wells Fargo
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	420 Montgomery Street
Expenditure from corporate funds	San Francisco, CA 94104
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Bank Service Charge
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held