

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054591	2 Total pages filed: 144
3 COMMITTEE NAME Galveston Republican Women - PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Tina S. NICKNAME LAST SUFFIX Kirbie		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 908 Layfair Place Friendswood, TX 77546-5414		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 482-2786		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 07/01/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Galveston Republican Women - PAC	13 Filer ID (Ethics Commission Filers) 00054591
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 29,231.74
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 27,961.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 43,758.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Tina S. Kirbie

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 144

17 COMMITTEE NAME Galveston Republican Women - PAC		18 Filer ID (Ethics Commission Filers) 00054591
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 29,231.74
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 27,961.43
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/124 Rpt: 4/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Eileen <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Maggie <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) State Representative-Terri Leo-Wilson
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Gwenda <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen-Watson, Kayla <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) Chief ADA		Employer (See Instructions) Galveston County-Criminal District Attorney's Office
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Dorota <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Anderson Travel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/124 Rpt: 5/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apffel, Darrell <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$74.17
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apffel, Darrell <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Robin <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77549	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Armstrong Medical Group
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Robin <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77549	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Armstrong Medical Group
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, Brenda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/124 Rpt: 6/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Jane <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banks, Jane <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargas, Jared <hr/> Contributor address; City; State; Zip Code San Leon, TX 77539	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) Congressman Randy Weber
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Katherine <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Katherine <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/124 Rpt: 7/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Katherine <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassett, Robert <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/124 Rpt: 8/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Joyce <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/124 Rpt: 9/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bentley, Geri <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlman, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Owner/Customer Service Representative		Employer (See Instructions) Bohlman Farmers Insurance Agency
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlman, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Owner/Customer Service Representative		Employer (See Instructions) Bohlman Farmers Insurance Agency
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlman, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Owner/Customer Service Representative		Employer (See Instructions) Bohlman Farmers Insurance Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/124 Rpt: 10/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boney, Brad <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/124 Rpt: 11/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		9 Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnen, Greg <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Neurosurgeon/TX State Representative		Employer (See Instructions) Houston Physicians Hospital/ State of Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borda, Laura <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/124 Rpt: 12/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/124 Rpt: 13/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Janice <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Sarah <hr/> Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Nurse Auditor		Employer (See Instructions) UTMB.
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruno, Gina <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Director of Billing		Employer (See Instructions) Stonegate Center, LLC
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruno, Gina <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director of Billing		Employer (See Instructions) Stonegate Center, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/124 Rpt: 14/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruno, Gina <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Director of Billing		9 Employer (See Instructions) Stonegate Center, LLC
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubrig, Karen <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Law Enforcement Alliance		Employer (See Instructions) Self
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$54.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/124 Rpt: 15/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/124 Rpt: 16/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Linda <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Mike <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Mike <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buckley, Mike <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/124 Rpt: 17/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bumpas, Donna <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/124 Rpt: 18/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Sigrun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Cyndy <hr/> Contributor address; City; State; Zip Code Houston, TX 77573	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) District Manager		Employer (See Instructions) Representative Greg Bonnen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/124 Rpt: 19/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butcher, Cyndy <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77573	7 Amount of Contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions) District Manager		9 Employer (See Instructions) Representative Greg Bonnen
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/124 Rpt: 20/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buttner, LaWanda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cagnon, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Jail Captain		Employer (See Instructions) Galveston County Sheriff's Office
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/124 Rpt: 21/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/124 Rpt: 22/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Card, Fran <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, J L <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) J L Carpenter Law Office
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Vikki <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Vikki <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Vikki <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/124 Rpt: 23/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Kim <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Kim <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Kim <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Kim <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenlo, Jodie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Digital Advertising		Employer (See Instructions) Spiess Media Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/124 Rpt: 24/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenlo, Jodie <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Digital Advertising		9 Employer (See Instructions) Spiess Media Group
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenlo, Jodie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Digital Advertising		Employer (See Instructions) Spiess Media Group
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenlo, Jodie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Digital Advertising		Employer (See Instructions) Spiess Media Group
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chenlo, Jodie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Digital Advertising		Employer (See Instructions) Spiess Media Group
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/124 Rpt: 25/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Diana <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody, Dianna <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$46.81
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Landa <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$54.63
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Landa <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Landa <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$72.22
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/124 Rpt: 26/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Sandra <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Saundra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Pearlie <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Pearlie <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Pearlie <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/124 Rpt: 27/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Pearly <hr/> 6 Contributor address; City; State; Zip Code Alvin, TX 77511	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/124 Rpt: 28/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Cheryl <hr/> 6 Contributor address; City; State; Zip Code La Marque, TX 77568	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/124 Rpt: 29/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusik, Donna <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusik, Donna <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusik, Kenneth <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Galveston County Criminal District Attorney		Employer (See Instructions) Galveston County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cusik, Kenneth <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Galveston County Criminal District Attorney		Employer (See Instructions) Galveston County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darring, Anne <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/124 Rpt: 30/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> 6 Contributor address; City; State; Zip Code Liberty, TX 77575	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> Contributor address; City; State; Zip Code Liberty, TX 77575	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/124 Rpt: 31/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Beverly <hr/> 6 Contributor address; City; State; Zip Code Liberty, TX 77575	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/124 Rpt: 32/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Mosette <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dimitrov, Patty <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Owner-American Proud Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/124 Rpt: 33/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Clayton <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/124 Rpt: 34/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dreith, Linda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Loretta <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Driscoll, Loretta <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugie, Hank <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Business Owner-Real Estate		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dugie, Hank <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Business Owner-Real Estate		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/124 Rpt: 35/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/124 Rpt: 36/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duty, Cynthia <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edinburgh, Paul <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$119.12
Principal occupation / Job title (See Instructions) Constable-Pct.#2		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/124 Rpt: 37/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edinburgh, Paul <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Constable-Pct.#2		9 Employer (See Instructions) Galveston County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshelman, Dale <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshelman, Paula <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$46.81
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) Bayou Vista
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshelman, Paula <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) Bayou Vista
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshelman, Paula <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/124 Rpt: 38/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eshelman, Paula <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ewing, Jack <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/124 Rpt: 39/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falgout, Susan 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Emily Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Family Associate Judge		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/124 Rpt: 40/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$54.63
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Galveston County
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$81.90
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foley-Cromie, Kerri (Ms.) <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/124 Rpt: 41/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankfort, Todd <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77027	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) O'Neil Wysocki, PC
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Cathy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Neurobiotex, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/124 Rpt: 42/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullen, Jimmy <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sherrif		9 Employer (See Instructions) Galveston County
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullen, Jimmy <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sherrif		Employer (See Instructions) Galveston County
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fullen, Jimmy <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$111.30
Principal occupation / Job title (See Instructions) Sherrif		Employer (See Instructions) Galveston County
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gappa, Laura <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/124 Rpt: 43/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> 6 Contributor address; City; State; Zip Code Kemah, TX 77565	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/124 Rpt: 44/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudin, Lizette <hr/> 6 Contributor address; City; State; Zip Code Kemah, TX 77565	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giusti, Joe <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/124 Rpt: 45/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Patricia <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) Galveston County
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Patricia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, Patricia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Galveston County
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Pamela <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Pamela <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/124 Rpt: 46/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guisti, Joe <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$74.17
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Galveston County
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habel, Bruce <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Habel, Diane <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/124 Rpt: 47/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$46.81
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/124 Rpt: 48/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Marcy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Maureen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J.M.F. & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/124 Rpt: 49/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) J.M.F. & Associates
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J.M.F. & Associates
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Adana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) J.M.F. & Associates
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, D'Anne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) HGI
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, D'Anne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) HGI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/124 Rpt: 50/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/124 Rpt: 51/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/124 Rpt: 52/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Betty <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$13.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/124 Rpt: 53/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Irene <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/124 Rpt: 54/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Vaun <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Lori <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cuuisine for Healing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/124 Rpt: 55/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Lori <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Cuisine for Healing
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Lori <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cuisine for Healing
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Lori <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Cuisine for Healing
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Benjamin <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/124 Rpt: 56/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vicki 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vicki Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooten, Vikki Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/124 Rpt: 57/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$31.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/124 Rpt: 58/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Sylvia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Humphrey, Stan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/124 Rpt: 59/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/124 Rpt: 60/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Debra <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jahnke, Renate <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamnik, Deborah <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/124 Rpt: 61/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca 6 Contributor address; City; State; Zip Code Tulsa, OK 74114	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Community Engagement		9 Employer (See Instructions) Tulsa County Sheriff's Office
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimerson, Rebecca Contributor address; City; State; Zip Code Tulsa, OK 74114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Community Engagement		Employer (See Instructions) Tulsa County Sheriff's Office
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Kelly Contributor address; City; State; Zip Code Texas City, TX 77591	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Carnes Funeral Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/124 Rpt: 62/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Don <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Julie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Executive Director & RN		Employer (See Instructions) Pregnancy Health Center of Galveston
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Judge-122nd District Court		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/124 Rpt: 63/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeth <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Judge-122nd District Court		9 Employer (See Instructions) Galveston County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mary <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$31.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/124 Rpt: 64/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/124 Rpt: 65/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Faye <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Lorraine <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, Chris <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Galveston County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/124 Rpt: 66/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) District Clerk		9 Employer (See Instructions) Galveston County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinard, John <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Galveston County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/124 Rpt: 67/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/124 Rpt: 68/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbie, Tina Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/124 Rpt: 69/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenig, Jeannie Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koncaba, Cindy Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/124 Rpt: 70/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkaba, Cindy <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkaba, Cindy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkaba, Cindy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Konkaba, Cindy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Sarah <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/124 Rpt: 71/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) Bayou Vista
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, Stephanie <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Bayou Vista
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, Stephanie <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Bayou Vista
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, Stephanie <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) City of Bayou Vista
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laws, Stephanie <hr/> Contributor address; City; State; Zip Code Hitchcock, TX 77563	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) City of Bayou Vista

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/124 Rpt: 72/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> 6 Contributor address; City; State; Zip Code Tiki Island, TX 77554	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawther, Jasmine <hr/> Contributor address; City; State; Zip Code Tiki Island, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeMay, Tina <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Tina LeMay & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/124 Rpt: 73/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, Patti <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista , TX 77563	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions)
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, Patti <hr/> Contributor address; City; State; Zip Code Bayou Vista , TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, Patti <hr/> Contributor address; City; State; Zip Code Bayou Vista , TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, Patti <hr/> Contributor address; City; State; Zip Code Bayou Vista , TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo-Wilson, Teresa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/124 Rpt: 74/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo-Wilson, Teresa <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Texas State Representative		9 Employer (See Instructions) State of Texas
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo-Wilson, Teresa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions) State of Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo-Wilson, Terri <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions) State of Texas
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leo-Wilson, Terri <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Texas State Representative		Employer (See Instructions) State of Texas
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/124 Rpt: 75/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> 6 Contributor address; City; State; Zip Code Alvin, TX 77511	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Roxanne <hr/> Contributor address; City; State; Zip Code Alvin, TX 77511	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieblong, May Carol (Ms.) <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/124 Rpt: 76/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieblong, May Carol (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Travel Agent		9 Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linton, Ron <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) The Linton Real Estate Group
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Brie <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State Senator Mayes Middleton
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loyd, Tami <hr/> Contributor address; City; State; Zip Code La Marque, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Bookkeeper/Realtor		Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, Marsha <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/124 Rpt: 77/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Gilbert <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77487	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) UBC
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Gilbert <hr/> Contributor address; City; State; Zip Code Galveston, TX 77487	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) UBC
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Mary Ann <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Singer/Songwriter		Employer (See Instructions) Self Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Mary Ann <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Singer/Songwriter		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markarian, Mary Ann <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Singer/Songwriter		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/124 Rpt: 78/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Bobby <hr/> 6 Contributor address; City; State; Zip Code Hitchcock, TX 77563	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Carole Ann <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/124 Rpt: 79/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Douglas <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matranga, Lisa <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Ministry		Employer (See Instructions) Psalmal The Lord Ministry
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mattson, Bill <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Dawn <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) Dennis Paul
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGinnis, Pat <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Humana

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/124 Rpt: 80/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Janet 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Real Estate Agent		9 Employer (See Instructions) BHG Gary Greene
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Esther Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$83.94
Principal occupation / Job title (See Instructions) Editor/Business Owner		Employer (See Instructions) Pita's Italian Ice/Galveston Monthly Magazine
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Sandi Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) K W Premier
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Sandi Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) K W Premier
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Sandi Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) K W Premier

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/124 Rpt: 81/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Barbara <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meeks, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meggelin, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meggelin, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/124 Rpt: 82/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meggelin, Nancy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meggelin, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meindok, Dorothy <hr/> Contributor address; City; State; Zip Code Dickinson, TX 77539	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Veterans Lawyer & Advocate		Employer (See Instructions) Meindok Law
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michetich, Robert <hr/> Contributor address; City; State; Zip Code La Marque, TX 77510	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middleton, Mayes <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Lawyer/Texas Senator		Employer (See Instructions) Middleton Oil Company/State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/124 Rpt: 83/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) District Judge		9 Employer (See Instructions) Galveston County
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Galveston County
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Galveston County
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millo, Rebecca Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Galveston County
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/124 Rpt: 84/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$51.70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$34.11
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/124 Rpt: 85/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrell, Frances <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/124 Rpt: 86/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehlberger, Linda Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/124 Rpt: 87/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mulrain, Carol Jean <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jeanne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Owner-Sapphire Sea Homes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/124 Rpt: 88/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$96.64
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Owner-Sapphire Sea Homes
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naschke, Mary Jo <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naschke, Mary Jo <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/124 Rpt: 89/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Hairdresser		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Hang(Tina) <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Hairdresser		Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Trang(Aida) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Esthetitian		Employer (See Instructions) Owner-Ocean Wave Lash
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Trang(Aida) <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Esthetitian		Employer (See Instructions) Owner-Ocean Wave Lash

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/124 Rpt: 90/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nguyen, Trang(Aida) <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Esthetitian		9 Employer (See Instructions) Owner-Ocean Wave Lash
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/124 Rpt: 91/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norwood, Marcella <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Printing Broker		Employer (See Instructions) D. Nurdin & Associates
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Printing Broker		Employer (See Instructions) D. Nurdin & Associates
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nurdin, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Printing Broker		Employer (See Instructions) D. Nurdin & Associates
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Facilities Coordinator		Employer (See Instructions) Odyssey Academy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/124 Rpt: 92/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77510	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Facilities Coordinator		9 Employer (See Instructions) Odyssey Academy
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connell, Terri <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77510	Amount of Contribution (\$) \$22.38
Principal occupation / Job title (See Instructions) Facilities Coordinator		Employer (See Instructions) Odyssey Academy
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Connor, Sharon <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$83.94
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) The O'Connor Group-Insurance
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/124 Rpt: 93/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77574	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Roth, Jennifer <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Jennifer Ott-Roth PLLC
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ott-Thompson, Linda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$54.63
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Ott Monuments Works
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Dennis <hr/> Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Texas State House Representative		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/124 Rpt: 94/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Ellen <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzo-Konyha, Pat <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/124 Rpt: 95/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzo-Konyha, Pat <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzo-Konyha, Pat <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pizzo-Konyha, Pat <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/124 Rpt: 96/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Don <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Floyd <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Mechanical Engineer		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/124 Rpt: 97/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollock, Sandra <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/124 Rpt: 98/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Deborah <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Realtor/Designer		9 Employer (See Instructions) Self Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Deborah <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$59.51
Principal occupation / Job title (See Instructions) Realtor/Designer		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Deborah <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor/Designer		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prudhomme, Eric <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Policy & Constituent Advisor for County Commissioner		Employer (See Instructions) Galveston County-Commissioner Darrell Apffel
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prudhomme, Patrick <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523	Amount of Contribution (\$) \$111.30
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/124 Rpt: 99/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintavalle, Sharnea <hr/> 6 Contributor address; City; State; Zip Code Texas City, TX 77590	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Caregiver		9 Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quintavalle, Sharnea <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabon, James <hr/> Contributor address; City; State; Zip Code Texas City, TX 77590	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Wanda <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Wanda <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$83.94
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/124 Rpt: 100/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/124 Rpt: 101/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$65.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigsby, Jane <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roan, Debbie <hr/> Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/124 Rpt: 102/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Marie <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Marie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Marie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Marie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Barbara <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/124 Rpt: 103/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Loretta <hr/> 6 Contributor address; City; State; Zip Code Kemah, TX 77565	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Loretta <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Loretta <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Luis Resort, Spa & Conference Ctr. <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$98.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/124 Rpt: 104/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Nancy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saxe, Gregg <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$54.63
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/124 Rpt: 105/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, TX 77517	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Pam <hr/> Contributor address; City; State; Zip Code Santa Fe, TX 77517	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/124 Rpt: 106/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce 6 Contributor address; City; State; Zip Code Dickinson , TX 77539	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce Contributor address; City; State; Zip Code Dickinson , TX 77539	Amount of Contribution (\$) \$46.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/124 Rpt: 107/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sears, Joyce <hr/> 6 Contributor address; City; State; Zip Code Dickinson , TX 77539	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, Jon <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, Renne <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, Renne <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siewers, Renne <hr/> Contributor address; City; State; Zip Code Kemah, TX 77565	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/124 Rpt: 108/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Linda <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77089	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Linda <hr/> Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Michelle <hr/> Contributor address; City; State; Zip Code League City, TX 77574	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Johnson & Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/124 Rpt: 109/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slaughter, Michelle <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77574	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Johnson & Associates
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speights, Shannon <hr/> Contributor address; City; State; Zip Code Galveston , TX 77550	Amount of Contribution (\$) \$83.85
Principal occupation / Job title (See Instructions) Coordinator II-Dept. of Psychiatry		Employer (See Instructions) UTMB
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Barbara <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/124 Rpt: 110/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Barbara <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Cindy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/124 Rpt: 111/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Swanson Health Insurance
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Marilyn <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Swanson Health Insurance
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/124 Rpt: 112/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77554	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry, Martie <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/124 Rpt: 113/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ann <hr/> 6 Contributor address; City; State; Zip Code Bayou Vista, TX 77563	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Ann <hr/> Contributor address; City; State; Zip Code Bayou Vista, TX 77563	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tichelaar, Suzanne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tichelaar, Suzanne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tichelaar, Suzanne <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/124 Rpt: 114/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$27.27
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$120.98
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$46.81
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/124 Rpt: 115/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Asta <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tocco, Dena <hr/> Contributor address; City; State; Zip Code Pearland, TX 77581	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State Representative Terri Leo-Wilson
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troop, Dianne <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troop, Dianne <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troop, Dianne <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$37.04
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/124 Rpt: 116/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Troop, Dianne <hr/> 6 Contributor address; City; State; Zip Code League City, TX 77573	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valdez, Dorothy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/124 Rpt: 117/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> 6 Contributor address; City; State; Zip Code Galveston , TX 77551	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> Contributor address; City; State; Zip Code Galveston , TX 77551	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/124 Rpt: 118/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Visage, Toni <hr/> 6 Contributor address; City; State; Zip Code Galveston , TX 77551	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Herb <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$140.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Century Millwork
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/124 Rpt: 119/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Administration		9 Employer (See Instructions) Memorial Herman Healthcare System
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walpole, Levinda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Memorial Herman Healthcare System

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/124 Rpt: 120/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77553	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Beverly <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/124 Rpt: 121/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77553	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Does not want to reveal		9 Employer (See Instructions) Self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wander, Cynthia <hr/> Contributor address; City; State; Zip Code Galveston, TX 77553	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Does not want to reveal		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Lynda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Lynda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$41.93
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/124 Rpt: 122/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Lynda <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77550	7 Amount of Contribution (\$) \$37.04
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Lynda <hr/> Contributor address; City; State; Zip Code Galveston, TX 77550	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waters, Yolanda <hr/> Contributor address; City; State; Zip Code Texas City, TX 77568	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Sew Unique Quilting & Fabrics
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Nathan <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523	Amount of Contribution (\$) \$74.17
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Americas Holding
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Nathan <hr/> Contributor address; City; State; Zip Code Baytown, TX 77523	Amount of Contribution (\$) \$55.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Americas Holding

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/124 Rpt: 123/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Barbara <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, Barbara <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Joan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watters, Joan <hr/> Contributor address; City; State; Zip Code Galveston, TX 77554	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jeana <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer/Professional Organizer		Employer (See Instructions) Closets By Design

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/124 Rpt: 124/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jeana <hr/> 6 Contributor address; City; State; Zip Code Galveston, TX 77551	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Designer/Professional Organizer		9 Employer (See Instructions) Closets By Design
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Brenda <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$46.81
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Brenda <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$22.38
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) U.S. Representative to Congress		Employer (See Instructions) U.S. Government
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) U.S. Representative to Congress		Employer (See Instructions) U.S. Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/124 Rpt: 125/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Randy <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$105.00
8 Principal occupation / Job title (See Instructions) U.S. Representative to Congress		9 Employer (See Instructions) U.S. Government
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, Malcolm <hr/> Contributor address; City; State; Zip Code Houston, TX 77030	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson-Day, Kristen <hr/> Contributor address; City; State; Zip Code Dickenson, TX 77539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Firearms Trainer		Employer (See Instructions) Self Employed
Date 09/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelmann, Ann <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winkelmann, Ann <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/124 Rpt: 126/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womack, Wallie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77057	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womak, Wallie <hr/> Contributor address; City; State; Zip Code Houston, TX 77057	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/124 Rpt: 127/144
2 FILER NAME Galveston Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> 6 Contributor address; City; State; Zip Code Friendswood, TX 77546	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Georgia <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/17/2025	5 Payee name Texas Capitol Gift Shop	
6 Amount (\$) \$107.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1201 San Jacinto Blvd. Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2899-Gift for Sandra & Floyd Pollock for hosting the GRW Board Meetings for 2 years
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2025	Payee name Adria Women's Health	
Amount (\$) \$800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 10000 Emmett F Lowry Expressway Texas City, TX 77591	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Community Outreach	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2885-Purchased table at Fundraiser. To be reimbursed by participants at the table.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Amazon	
Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 410 Terry Ave. N Seattle, WA 98109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2874-Decoration for the GRW 70th Anniversary Dinner/Fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/17/2025	5 Payee name Big Brothers Big Sisters Gulf Coast	
6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1021 61st Street-Suite A600 Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2898- Organization selected for the GRW Charitable Donation for 2025.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Broussard, Janice (Ms.)	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4016 Cartagena Dr PearlaInd, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2876-Reimbursement for Fundraiser income. Should have gone to Ms. Broussard She bought a
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Broussard, Janice (Ms.)	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4016 Cartagena Dr PearlaInd, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2892- Reimbursement of valet tips to carry decorations in and out of the event venue
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/31/2025	5 Payee name Broussard, Janice (Ms.)	
6 Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2902- Valet service to unload decorations for the Nov. & Dec. Meetings/Luncheons.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Comptroller of Public Accounts	
Amount (\$) \$238.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 149355 Austin, TX 78714-9355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2904-2025 Sales Tax
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Constant Contact	
Amount (\$) \$79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2873- 3 Months of Fees to cover email service to Members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 10/06/2025	5 Payee name Constant Contact	
6 Amount (\$) \$83.16 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email hosting services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2887- Email hosting services for 3 months-June, July & August
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Constant Contact	
Amount (\$) \$83.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2899- 3 months of fees for email services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Demack, Alexandra	
Amount (\$) \$160.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 17 Campeche Drive Galveston, TX 77554	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2878-Security for the GRW Summertime Social Mixer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/30/2025	5 Payee name Duty, Cynthia	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 931 Bonita Bayou Vista, TX 77563	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Attendance at TFRW Convention	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2886-Expense for attending the 2025TFRW Convention offset by a donation to the Club.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Fast Signs	
Amount (\$) \$21.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Name Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2889-Member name badge expenses. Reimbursed by Member.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/17/2025	Payee name Fast Signs	
Amount (\$) \$21.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Name Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2882-Member Name Badges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/19/2025	5 Payee name Fast Signs	
6 Amount (\$) \$42.22 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Member Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2893-6 GRW Member Badges
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Fast Signs	
Amount (\$) \$42.22 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1021 61st Street-Suite 600B Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Member Badges	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2900-Member Badges
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name HEB	
Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 701 W. Parkwood Ave. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2873-Gift Card to volunteer, Adana Haynes, for completing our 2024 Audit.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/04/2025	5 Payee name Hobby Lobby-Pearland	
6 Amount (\$) \$16.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2450 Pearland Parkway Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2892-Decorations for Tables at our October Meeting/Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Hobby Lobby-Pearland	
Amount (\$) \$75.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2450 Pearland Parkway Pearland, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2902-Decorations for the December Meeting/Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Hobby Lobby-Webster	
Amount (\$) \$12.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 20091 Gulf Freeway Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2887-Mixer supplies-Name Tags & Markers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/19/2025	5 Payee name Hobby Lobby-Webster	
6 Amount (\$) \$36.77 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 20091 Gulf Freeway Webster, TX 77598	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2894- Table Decorations for November Mtg./Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/30/2025	Payee name Johnstone, Cole	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 691 Warsaw Bayou Vista, TX 77563	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2877- Payment for setting Up/Tearing Down tables & chairs at the GRW Summertime Social
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Kroger-Galveston Seawall	
Amount (\$) \$9.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5730 Seawall Blvd. Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation to the Galveston Police Dept. event	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2875-Water for the event " Feeding the Force."
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 07/30/2025	5 Payee name Kroger-Galveston Seawall	
6 Amount (\$) \$72.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5730 Seawall Blvd. Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2878-Beer for GRW Summertime Social Mixer
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Pair Domain	
Amount (\$) \$195.36 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2403 Sidney St.-Suite 210 Pittsburgh, PA 15203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2873-Annual Fee for GRW Domain Name
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Pair Networks	
Amount (\$) \$25.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2403 Sidney St.-Suite210 Pittsburgh, PA 15203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2873- Annual fee for hosting the GRW Website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/19/2025	5 Payee name Saltwater Garden Club	
6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 435 Pompano Street Bayou Vista, TX 77563	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2895- Booth selling GRW merchandise
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Sam's Club-Friendswood	
Amount (\$) \$128.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2892-Flowers for the tables at our September Meeting/Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Sam's Club-Friendswood	
Amount (\$) \$70.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2892-Flowers for the tables at our September Meeting/Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/31/2025	5 Payee name Sam's Club-Friendswood	
6 Amount (\$) \$140.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 155 W. El Dorado Blvd. Friendswood, TX 77546	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2902-Decorations for the December Meeting/Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/01/2025	Payee name Sam's Club	
Amount (\$) \$109.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6614 Gulf Freeway La Marque, TX 77568	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation to the Galveston Police Dept.	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2875-Water & Gatorade for the event " Feeding the Force."
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/31/2025	Payee name San Luis Resort, Spa & Conference Ctr.	
Amount (\$) \$4,319.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2890-October Meeting/Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 09/24/2025	5 Payee name San Luis Resort, Spa & Conference Ctr.	
6 Amount (\$) \$3,095.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2884-September Meeting/Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name San Luis Resort, Spa & Conference Ctr.		
Amount (\$) \$3,572.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2897-November Meeting/Luncheon expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Payee name San Luis Resort, Spa & Conference Ctr.		
Amount (\$) \$4,265.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5222 Seawall Blvd Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2903-December Mtg./Luncheon banquet.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/18/2025	5 Payee name Sant Fe Soap Factory	
6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4809 Ave. L Santa Fe, TX 77510	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2879- Soap to sell to Members for gifts for Christmas, Birthdays, etc.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/15/2025	Payee name Santa Fe Chamber of Commerce	
Amount (\$) \$3,750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12121 FM 1764 Santa Fe, TX 77510	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2888-Event supporting mammography van going to underserved communities. To be
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/19/2025	Payee name Santa Fe ISD	
Amount (\$) \$70.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4133 Warpath Santa Fe , TX 77510	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2883- Copies of Membership Forms
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 08/18/2025	5 Payee name Santa Fe Soap Factory	
6 Amount (\$) \$205.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4809 Avenue L Santa Fe, TX 77510	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2880-Soap to sell to Members for Birthday, Christmas , etc. gifts
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/18/2025	Payee name Scribbles	
Amount (\$) \$211.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2825 Palmer Hwy. Texas City, TX 77590	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2879-Sample shirts to sell Members at our Sept., October and November luncheons
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Scribbles	
Amount (\$) \$63.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2825 Palmer Hwy. Texas City, TX 77590	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2891-Purchase of GRW Logo Shirts to sell to Members at our November Meeting/Luncheon
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/04/2025	5 Payee name Scribbles	
6 Amount (\$) \$231.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2825 Palmer Hwy. Texas City, TX 77590	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check#2891-Purchase of GRW Shirts that were sold at our October Meeting/Luncheon
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Staples	
Amount (\$) \$18.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 19335 Gulf Freeway Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2887-Prize drawing Tickets for Luncheon/Meeting and other events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/30/2025	Payee name TFRW	
Amount (\$) \$1,820.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2896-November monthly fee for New and Renewing GRW Members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 12/31/2025	5 Payee name TFRW	
6 Amount (\$) \$425.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 171146 Austin, TX 78717-0041	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2901-Monthly fees for New and Renewing Members
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/19/2025	Payee name Total Wine & More	
Amount (\$) \$42.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 18740 Gulf Freeway Friendswood, TX 77546	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2894-Gift for Speaker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2025	Payee name Treasure Island Trophies & Engraving	
Amount (\$) \$110.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4528 Ave. S Galveston, TX 77551	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2881-2024 Woman of Distinction award
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/17 Rpt:	2 FILER NAME Galveston Republican Women - PAC	3 Filer ID (Ethics Commission Filers) 00054591
4 Date 11/19/2025	5 Payee name White House Historical Association	
6 Amount (\$) \$27.01 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P O Box 27624 Washington DC, TX 20038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ck#2895-Gift for in-coming GRW Preident
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held