

**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) 00015743	2 Total pages filed: 84			
3 COMMITTEE NAME Northwest Austin Republican Women		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address 9500 Eagle Knoll Dr. Austin, TX 78717						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Carla	MI	
	NICKNAME	LAST Birk	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3724 Ashbury Rd. Round Rock, TX 78681		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3724 Ashbury Rd. Round Rock, TX 78681					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 517-6129					
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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Northwest Austin Republican Women		13 FILER ID (Ethics Commission Filers) 00015743
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.)	Republican
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 144.36
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,742.06
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,814.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,853.68
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.

Ms. Carla Birk

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 84

17 COMMITTEE NAME Northwest Austin Republican Women	18 FILER ID (Ethics Commission Filers) 00015743
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 10,702.06	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 40.00	
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 \$ 9,814.71	
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: 1/60 Rpt: 4/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor Allred, Deborah	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor Baird, JoAn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Baird, JoAn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Balido, Jennifer	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Dallas, TX 75229	
Principal occupation / Job title (See Instructions) judge		Employer (See Instructions)
Date 09/26/2025	Full name of contributor Bebee, Pam	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/60 Rpt: 5/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bebee, Pam	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bebee, Pam	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Round Rock, TX 78681	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/60 Rpt: 6/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$165.00
	8 Principal occupation / Job title (See Instructions) retired	
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$60.62
	Principal occupation / Job title (See Instructions) retired	
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birk, Carla Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazine, Maria Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/60 Rpt: 7/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blazine, Maria	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradberry, Timothy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Pflugerville, TX 78660-5108	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/60 Rpt: 8/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brinkman, Shirley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1: Sch: 6/60 Rpt: 9/84</p>
<p>2 FILER NAME Northwest Austin Republican Women</p>				<p>3 Filer ID (Ethics Commission Filers) 00015743</p>
<p>4 Date 11/10/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan</p>	<p>7 Amount of Contribution (\$) \$30.00</p>		
	<p>6 Contributor address; City; State; Zip Code Austin, TX 78729</p>			
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>		
<p>Date 11/10/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan</p>	<p>Amount of Contribution (\$) \$55.00</p>		
	<p>Contributor address; City; State; Zip Code Austin, TX 78729</p>			
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>		
<p>Date 11/10/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan</p>	<p>Amount of Contribution (\$) \$25.00</p>		
	<p>Contributor address; City; State; Zip Code Austin, TX 78729</p>			
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>		
<p>Date 12/22/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Susan</p>	<p>Amount of Contribution (\$) \$25.00</p>		
	<p>Contributor address; City; State; Zip Code Austin, TX 78729</p>			
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>		
<p>Date 11/10/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhari, Rupal</p>	<p>Amount of Contribution (\$) \$10.00</p>		
	<p>Contributor address; City; State; Zip Code Leander, TX 78641</p>			
<p>Principal occupation / Job title (See Instructions) Attorney/Acccountant</p>		<p>Employer (See Instructions) Pecan Park Hospitality LLC</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 7/60 Rpt: 10/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor Cloud, Crystle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641		
8 Principal occupation / Job title (See Instructions) marketing		9 Employer (See Instructions) self	
Date 09/03/2025	Full name of contributor Cloud, Crystle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self	
Date 10/01/2025	Full name of contributor Cloud, Crystle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self	
Date 11/10/2025	Full name of contributor Cloud, Crystle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self	
Date 12/04/2025	Full name of contributor Cloud, Crystle	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$89.00
	Contributor address; City; State; Zip Code Leander, TX 78641		
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/60 Rpt: 11/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor Cloud, Crystle	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) marketing		9 Employer (See Instructions) self
Date 07/25/2025	Full name of contributor Cocco, Cathy (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)
Date 10/02/2025	Full name of contributor Cocco, Cathy (Mrs.)	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) IBM
Date 10/02/2025	Full name of contributor Cocco, Cathy (Mrs.)	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) IBM
Date 12/03/2025	Full name of contributor Cocco, Cathy (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) Marketing Manager		Employer (See Instructions) IBM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 9/60 Rpt: 12/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/21/2025	5 Full name of contributor Damman, Debra	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of Contribution (\$) \$27.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)	
Date 09/03/2025	Full name of contributor Davis, Vicki	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/24/2025	Full name of contributor Davis, Vicki	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Derrick, Jennifer	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78737		
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions)	
Date 09/03/2025	Full name of contributor Dibble, Judy	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/60 Rpt: 13/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dibble, Judy 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donadio, Rosemary Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donadio, Rosemary Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donadio, Rosemary Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donadio, Rosemary Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/60 Rpt: 14/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/19/2025	5 Full name of contributor Donadio, Rosemary	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/10/2025	Full name of contributor Donadio, Rosemary	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Donadio, Rosemary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/29/2025	Full name of contributor Donadio, Rosemary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/07/2025	Full name of contributor Duncan, Jan	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Transcriptionist		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: 12/60 Rpt: 15/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732	
8 Principal occupation / Job title (See Instructions) Transcriptionist		9 Employer (See Instructions) Self Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jan	Amount of Contribution (\$) \$89.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Transcriptionist		Employer (See Instructions) Self Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jan	Amount of Contribution (\$) \$56.29
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Transcriptionist		Employer (See Instructions) Self Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Transcriptionist		Employer (See Instructions) Self Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duncan, Jan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) Transcriptionist		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: 13/60 Rpt: 16/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor Edwards, Rosemary	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78732	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor Edwards, Rosemary	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor Edwards, Rosemary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Edwards, Rosemary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Edwards, Rosemary	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78732	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/60 Rpt: 17/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor Edwards, Rosemary 6 Contributor address; City; State; Zip Code Austin, TX 78732	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/08/2025	Full name of contributor Edwards, Rosemary Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$99.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/29/2025	Full name of contributor Elizonda, Kristina Contributor address; City; State; Zip Code austin, TX 78750	Amount of Contribution (\$) \$32.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 11/28/2025	Full name of contributor Elizonda, Kristina Contributor address; City; State; Zip Code austin, TX 78750	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)
Date 12/16/2025	Full name of contributor Elizonda, Kristina Contributor address; City; State; Zip Code austin, TX 78750	Amount of Contribution (\$) \$56.29
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/60 Rpt: 18/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Sarah	7 Amount of Contribution (\$) \$86.12
	6 Contributor address; City; State; Zip Code Austin, TX 78734	
8 Principal occupation / Job title (See Instructions) nursing		9 Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Lesli	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Kathryn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions) self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) bookkeeper		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/60 Rpt: 19/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedrich, Susan 6 Contributor address; City; State; Zip Code Georgetown, TX 78628	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) bookkeeper		9 Employer (See Instructions) self
Date 10/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gafford, Wesley Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$59.00
Principal occupation / Job title (See Instructions) unk		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayhart, Barbara Contributor address; City; State; Zip Code austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayhart, Barbara Contributor address; City; State; Zip Code austin, TX 78759	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayhart, Barbara Contributor address; City; State; Zip Code austin, TX 78759	Amount of Contribution (\$) \$47.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/60 Rpt: 20/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor Gayhart, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code austin, TX 78759	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/01/2025	Full name of contributor Gontko, Carol	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Gontko, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor Gontko, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Gontko, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/60 Rpt: 21/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gontko, Carol	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Austin, TX 78726	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gontko, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78726	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant, Marion	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Terry	Amount of Contribution (\$) \$97.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Terry	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/60 Rpt: 22/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Terry	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, April	Amount of Contribution (\$) \$27.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78631	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, April	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Cedar Park, TX 78631	
Principal occupation / Job title (See Instructions) Financial Analyst		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Carole	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Manor, TX 78653	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/60 Rpt: 23/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) Retired	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$85.00
	Principal occupation / Job title (See Instructions) Retired	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harclerode, Barsa Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Retired	
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hargrave, Sandra Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) none	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/60 Rpt: 24/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/01/2025	5 Full name of contributor Hargrave, Sandra	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) none		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor Hauser, Ed	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78745	
Principal occupation / Job title (See Instructions) Optician		Employer (See Instructions) Costco Warehouse
Date 08/06/2025	Full name of contributor Hays, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor Hays, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Hays, Jack	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/60 Rpt: 25/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary	7 Amount of Contribution (\$) \$25.92
	6 Contributor address; City; State; Zip Code Austin, TX 78728	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary	Amount of Contribution (\$) \$128.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffernan, Mary	Amount of Contribution (\$) \$115.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/60 Rpt: 26/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/01/2025	5 Full name of contributor Heffernan, Mary	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78728	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor Heffernan, Mary	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78728	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Herrera, Diane	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CSSI Solutions
Date 09/03/2025	Full name of contributor Herrera, Diane	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CSSI Solutions
Date 10/01/2025	Full name of contributor Herrera, Diane	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CSSI Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/60 Rpt: 27/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) CSSI Solutions
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Diane Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) CSSI Solutions
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkley, Nedra Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkley, Nedra Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkley, Nedra Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/60 Rpt: 28/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkley, Nedra	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78717	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinkley, Nedra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Self
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Self
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/60 Rpt: 29/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Student Advocate		9 Employer (See Instructions) Self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, Perla Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$86.12
Principal occupation / Job title (See Instructions) Student Advocate		Employer (See Instructions) Self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Guozhen Contributor address; City; State; Zip Code Austin, TX 78733	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Hinderer, Lynda Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/60 Rpt: 30/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Hinderer, Lynda	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Hinderer, Lynda	Amount of Contribution (\$) \$52.13
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Hinderer, Lynda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hutchinson-Hinderer, Lynda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaderli, Joan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/60 Rpt: 31/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor Kaderli, Joan	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Austin, TX 78757	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/01/2025	Full name of contributor Kaderli, Joan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Kaderli, Joan	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor Kaderli, Joan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/07/2025	Full name of contributor Kelly, Molly	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/60 Rpt: 32/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Molly	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Molly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly, Molly	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Key, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/60 Rpt: 33/84	
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743	
4 Date 11/10/2025	5 Full name of contributor Key, Leslie	6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)	
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Key, Leslie		Amount of Contribution (\$) \$154.00
	Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Key, Leslie		Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Key, Leslie		Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Key, Leslie		Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Austin, TX 78731		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/60 Rpt: 34/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehl, Ramona	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehl, Ramona	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehl, Ramona	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehl, Ramona	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehl, Ramona	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/60 Rpt: 35/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurth, Charles	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurth, Christina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurth, Christina	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kurth, Christina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawler-Savitske, Janie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78753	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/60 Rpt: 36/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) Performing Arts Coordinator	9 Employer (See Instructions) Redeemer Lutheran Church
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Performing Arts Coordinator	Employer (See Instructions) Redeemer Lutheran Church
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Performing Arts Coordinator	Employer (See Instructions) Redeemer Lutheran Church
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Performing Arts Coordinator	Employer (See Instructions) Redeemer Lutheran Church
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine Contributor address; City; State; Zip Code Round Rock, TX 78681	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Performing Arts Coordinator	Employer (See Instructions) Redeemer Lutheran Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/60 Rpt: 37/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lehmann, Elaine 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Performing Arts Coordinator		9 Employer (See Instructions) Redeemer Lutheran Church
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linn, Sue Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liu, Tina Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loua, Joel Contributor address; City; State; Zip Code Jacksonville, TX 75766	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) campaign staff		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyle, Mary Karen Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$42.00
Principal occupation / Job title (See Instructions) compliance coordinator		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/60 Rpt: 38/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marcuso, Leah	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78750	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Carine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code dripping springs, TX 78620	
Principal occupation / Job title (See Instructions) Field director		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Carine	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code dripping springs, TX 78620	
Principal occupation / Job title (See Instructions) Field director		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Gloria	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Business Operations		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: Sch: 36/60 Rpt: 39/84</p>
<p>2 FILER NAME Northwest Austin Republican Women</p>			<p>3 Filer ID (Ethics Commission Filers) 00015743</p>
<p>4 Date 10/01/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine</p>	<p>6 Contributor address; City; State; Zip Code Leander, TX 78641</p>	<p>7 Amount of Contribution (\$) \$35.00</p>
<p>8 Principal occupation / Job title (See Instructions) Business Operations</p>		<p>9 Employer (See Instructions) Dell</p>	
<p>Date 12/03/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Katharine</p>		<p>Amount of Contribution (\$) \$20.00</p>
	<p>Contributor address; City; State; Zip Code Leander, TX 78641</p>		
<p>Principal occupation / Job title (See Instructions) Business Operations</p>		<p>Employer (See Instructions)</p>	
<p>Date 08/06/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty</p>		<p>Amount of Contribution (\$) \$25.00</p>
	<p>Contributor address; City; State; Zip Code Austin, TX 78759</p>		
<p>Principal occupation / Job title (See Instructions) homemaker</p>		<p>Employer (See Instructions) self</p>	
<p>Date 09/03/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty</p>		<p>Amount of Contribution (\$) \$10.00</p>
	<p>Contributor address; City; State; Zip Code Austin, TX 78759</p>		
<p>Principal occupation / Job title (See Instructions) homemaker</p>		<p>Employer (See Instructions) self</p>	
<p>Date 10/01/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty</p>		<p>Amount of Contribution (\$) \$10.00</p>
	<p>Contributor address; City; State; Zip Code Austin, TX 78759</p>		
<p>Principal occupation / Job title (See Instructions) homemaker</p>		<p>Employer (See Instructions) self</p>	
<p> </p>			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/60 Rpt: 40/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions) self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGavern, Betty Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) homemaker		Employer (See Instructions) self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melugin, Joyce Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melugin, Joyce Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/60 Rpt: 41/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melugin, Joyce 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melugin, Joyce Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, John Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$30.77
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, John Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Messinger, John Contributor address; City; State; Zip Code Pflugerville, TX 78660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Prosecutor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/60 Rpt: 42/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Judy	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78746	
8 Principal occupation / Job title (See Instructions) financial advisor		9 Employer (See Instructions) Self-Prospera Financial Services
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Judy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) financial advisor		Employer (See Instructions) Self-Prospera Financial Services
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Judy	Amount of Contribution (\$) \$55.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) financial advisor		Employer (See Instructions) Self-Prospera Financial Services
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Judy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) financial advisor		Employer (See Instructions) Self-Prospera Financial Services
Date 09/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Sarah	Amount of Contribution (\$) \$30.77
	Contributor address; City; State; Zip Code Libreerty Hill, TX 78642	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/60 Rpt: 43/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Sarah	7 Amount of Contribution (\$) \$27.00
	6 Contributor address; City; State; Zip Code Libreerty Hill, TX 78642	
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morea, Lois	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morea, Lois	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morea, Lois	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morea, Lois	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/60 Rpt: 44/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Gloria	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) RN		9 Employer (See Instructions)
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jen	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mushtaler, Jen	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions)
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nardiello, Eulonda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nardiello, Eulonda	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/60 Rpt: 45/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor Nardiello, Eulonda	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Austin, TX 78729	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/10/2025	Full name of contributor Nardiello, Eulonda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor Nardiello, Eulonda	Amount of Contribution (\$) \$26.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor Nardiello, Eulonda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/01/2025	Full name of contributor Navarro, Selma	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 43/60 Rpt: 46/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/02/2025	5 Full name of contributor Navarro, Selma	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78758		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)	
Date 09/29/2025	Full name of contributor Navarro, Selma	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Navarro, Selma	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$90.00
	Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/03/2025	Full name of contributor Navarro, Selma	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.98
	Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 12/01/2025	Full name of contributor Navarro, Selma	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/60 Rpt: 47/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naylor, Nancy	7 Amount of Contribution (\$) \$25.92
	6 Contributor address; City; State; Zip Code Austin, TX 78731	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) grant writer		Employer (See Instructions) self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Carol	Amount of Contribution (\$) \$97.43
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) grant writer		Employer (See Instructions) self
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Carol	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) grant writer		Employer (See Instructions) self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Carol	Amount of Contribution (\$) \$115.00
	Contributor address; City; State; Zip Code Austin, TX 78759	
Principal occupation / Job title (See Instructions) grant writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/60 Rpt: 48/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Carol 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) grant writer	9 Employer (See Instructions) self
Date 08/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Self
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Self
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Realtor	Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 46/60 Rpt: 49/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl 6 Contributor address; City; State; Zip Code Austin, TX 78717	7 Amount of Contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self	
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neff, Cheryl Contributor address; City; State; Zip Code Austin, TX 78717	Amount of Contribution (\$) \$121.00	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self	
Date 07/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$27.00	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TFRW	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$20.00	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TFRW	
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.00	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) TFRW	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/60 Rpt: 50/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri 6 Contributor address; City; State; Zip Code Austin, TX 78731	7 Amount of Contribution (\$) \$86.12
	8 Principal occupation / Job title (See Instructions) Administrator	9 Employer (See Instructions) TFRW
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TFRW
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$20.00
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TFRW
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TFRW
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Leary, Louri Contributor address; City; State; Zip Code Austin, TX 78731	Amount of Contribution (\$) \$10.38
	Principal occupation / Job title (See Instructions) Administrator	Employer (See Instructions) TFRW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/60 Rpt: 51/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Leander, TX 78641	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$89.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owren, Sherilyn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn	Amount of Contribution (\$) \$25.92
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) fashion consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/60 Rpt: 52/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn 6 Contributor address; City; State; Zip Code Leander, TX 78641	7 Amount of Contribution (\$) \$25.00
	8 Principal occupation / Job title (See Instructions) fashion consultant	9 Employer (See Instructions) self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$30.00
	Principal occupation / Job title (See Instructions) fashion consultant	Employer (See Instructions) self
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pantalion-Parker, Kathryn Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) fashion consultant	Employer (See Instructions) self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Suzie Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) DIYer	Employer (See Instructions) self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penn, Deborah Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$27.00
	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/60 Rpt: 53/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purcell, Peggy (Margaret) 6 Contributor address; City; State; Zip Code Austin, TX 78719	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Railey, James Contributor address; City; State; Zip Code austin, TX 78734	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Railey, James Contributor address; City; State; Zip Code austin, TX 78734	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, Pam Contributor address; City; State; Zip Code austin, TX 78729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattan, Pam Contributor address; City; State; Zip Code austin, TX 78729	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/60 Rpt: 54/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor Rattan, Pam	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code austin, TX 78729	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor Rattan, Pam	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code austin, TX 78729	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/07/2025	Full name of contributor Rightmyer, Kathryn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor Rightmyer, Kathryn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Rightmyer, Kathryn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78750	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/60 Rpt: 55/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn 6 Contributor address; City; State; Zip Code Austin, TX 78750	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rightmyer, Kathryn Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Evelyn (Dr.) Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Robertson and Assoc.
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Evelyn (Dr.) Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Robertson and Assoc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 53/60 Rpt: 56/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/21/2025	5 Full name of contributor Rodriguez, Marilyn 6 Contributor address; City; State; Zip Code Austin, TX 78758	7 Amount of Contribution (\$) \$25.00	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 11/10/2025	Full name of contributor Rodriguez, Marilyn Contributor address; City; State; Zip Code Austin, TX 78758	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/06/2025	Full name of contributor Russell, Susan Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 09/03/2025	Full name of contributor Russell, Susan Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Russell, Susan Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/60 Rpt: 57/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Susan 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$135.00
	8 Principal occupation / Job title (See Instructions) retired	
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Susan Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Susan Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) retired	
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sage, Barbara Contributor address; City; State; Zip Code Austin, TX 78633	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) CPA	
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sage, Barbara Contributor address; City; State; Zip Code Austin, TX 78633	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions) CPA	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/60 Rpt: 58/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sage, Barbara	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78633	
8 Principal occupation / Job title (See Instructions) CPA		9 Employer (See Instructions) Self
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sage, Barbara	Amount of Contribution (\$) \$89.00
	Contributor address; City; State; Zip Code Austin, TX 78633	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Jeanie	Amount of Contribution (\$) \$25.92
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/60 Rpt: 59/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78752	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Susan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78752	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shelley	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Shelley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78734	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 57/60 Rpt: 60/84
2 FILER NAME Northwest Austin Republican Women			3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Full name of contributor Smith, Shelley	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78734		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)	
Date 11/10/2025	Full name of contributor Spataro, Susan		Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78749		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 12/03/2025	Full name of contributor Stewart, Velma		Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78727		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	
Date 10/28/2025	Full name of contributor TFRW		Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78750		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/01/2025	Full name of contributor Taylor, Allison		Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Austin, TX 78759		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/60 Rpt: 61/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/10/2025	5 Full name of contributor Taylor, Allison	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78759	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/29/2025	Full name of contributor Tollen, Victoria	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Wadlington, Elizabeth	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Wadlington, Elizabeth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/06/2025	Full name of contributor Webster, Kathleen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/60 Rpt: 62/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/03/2025	5 Full name of contributor Webster, Kathleen	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Austin, TX 78758	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/01/2025	Full name of contributor Webster, Kathleen	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2025	Full name of contributor Webster, Kathleen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Webster, Kathleen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor Webster, Kathleen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Austin, TX 78758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/60 Rpt: 63/84
2 FILER NAME Northwest Austin Republican Women		3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/06/2025	5 Full name of contributor Weikert, Carrie 6 Contributor address; City; State; Zip Code Austin, TX 78759	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions) Coldwell Banker
Date 10/06/2025	Full name of contributor Weikert, Carrie Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions) Coldwell Banker
Date 08/06/2025	Full name of contributor Wu, Pearl Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/03/2025	Full name of contributor Yelaun, Anna Contributor address; City; State; Zip Code Leander, TX 78641	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher/State Director		Employer (See Instructions)
Date 10/02/2025	Full name of contributor arceneaux, austin Contributor address; City; State; Zip Code Houston, TX 77043	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) lege staff		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 64/84</p>
<p>2 FILER NAME Northwest Austin Republican Women</p>		<p>3 Filer ID (Ethics Commission Filers) 00015743</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 08/16/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cocco, Cathy (Mrs.) 7 Contributor address; City; State; Zip Code Austin, TX 78759</p>	<p>8 Amount of contribution (\$) \$40.00</p> <p>9 In-kind contribution description lapel pins</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Marketing Manager</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) IBM</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/20 Rpt: 65/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/14/2025	5 Payee name BC Trophies	
6 Amount (\$) \$38.97	7 Payee address; City; 715 Discovery Blvd Ste. 403 Austin, TX 78613	
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 name tags
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/11/2025	Payee name Balcones Country Club	
Amount (\$) \$1,345.64	Payee address; City; 8600 Balcones Club Dr Austin, TX 78750	
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 Lunch meeting expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/01/2025	Payee name Balcones Country Club	
Amount (\$) \$1,070.50	Payee address; City; 8600 Balcones Club Dr Austin, TX 78750	
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 Lunch meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/20 Rpt: 66/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/04/2025	5 Payee name Balcones Country Club	
6 Amount (\$) \$1,075.49	7 Payee address; City; 8600 Balcones Club Dr Austin, TX 78750	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly lunch meeting</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/06/2025	Payee name Balcones Country Club	Office held
Amount (\$) \$1,365.65	Payee address; City; 8600 Balcones Club Dr Austin, TX 78750	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense November membership meeting</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/04/2025	Payee name Balcones Country Club	Office held
Amount (\$) \$1,280.65	Payee address; City; 8600 Balcones Club Dr Austin, TX 78750	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	<p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> <p><input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly membership lunch meeting</p>	
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/20 Rpt: 67/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 07/30/2025	5 Payee name Cocco, Cathy	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78759	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund lunch payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund lunch payment
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name Costco	
Amount (\$) \$21.63	Payee address; City; State; Zip Code 1901 Kelly Ln Pflugerville, TX 78660	
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 cardstock for printing directories
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/01/2025	Payee name DigitalOcean.com	
Amount (\$) \$4.26	Payee address; City; State; Zip Code 101 6th Ave. New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/20 Rpt: 68/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/01/2025	5 Payee name DigitalOcean.com	
6 Amount (\$) \$4.26	7 Payee address; City; 101 6th Ave. New York, NY 10013	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/02/2025	Payee name DigitalOcean.com	
Amount (\$) \$4.26	Payee address; City; 101 6th Ave. New York, NY 10013	
<input type="checkbox"/> Expenditure from corporate funds	(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 website fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/01/2025	Payee name DigitalOcean.com	
Amount (\$) \$4.26	Payee address; City; 101 6th Ave. New York, NY 10013	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/20 Rpt: 69/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/03/2025	5 Payee name DigitalOcean.com	
6 Amount (\$) \$4.26	7 Payee address; City; 101 6th Ave. New York, NY 10013	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DigitalOcean.com	Office sought Office held
Date 12/01/2025	Payee name DigitalOcean.com	
Amount (\$) \$4.26	Payee address; City; 101 6th Ave. New York, NY 10013	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website hosting fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dollar Tree	Office sought Office held
Date 08/15/2025	Payee name Dollar Tree	
Amount (\$) \$8.12	Payee address; City; 13096 HWY 183 Suite 103 Austin, TX 78750	
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 paper plates, napkins, cups for new member social
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DigitalOcean.com	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/20 Rpt: 70/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/16/2025	5 Payee name Dollar Tree	
6 Amount (\$) \$19.49	7 Payee address; City; State; Zip Code 13096 HWY 183 Suite 103 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(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 President's Circle event supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name Gontko, Carol	
Amount (\$) \$52.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78726	
<input type="checkbox"/> Expenditure from corporate funds	(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 refunded duplicate payment
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/05/2025	Payee name HEB	
Amount (\$) \$31.38	Payee address; City; State; Zip Code 12860 Research Blvd Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(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 new member orientation supplies
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/20 Rpt: 71/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/16/2025	5 Payee name HEB	
6 Amount (\$) \$81.25	7 Payee address; City; State; Zip Code 12860 Research Blvd Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(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 President's Circle event supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/26/2025	Payee name Heffernan, Mary	
Amount (\$) \$152.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78728	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Jewelry - fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/18/2025	Payee name Jason's Deli	
Amount (\$) \$196.95	Payee address; City; State; Zip Code 10225 Research Blvd Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/beverages for President's Circle event
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/20 Rpt: 72/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 09/25/2025	5 Payee name Lake Creek Office Park	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 13740 N Highway 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 meeting room rental
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/16/2025	Payee name Lake Creek Office Park	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 13740 N Highway 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 meeting room rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name Liberty Lives Forever	
Amount (\$) \$270.97	Payee address; City; State; Zip Code 55 Spring Terrace Court St. Charles, MO 63303	
<input type="checkbox"/> Expenditure from corporate funds	(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 250 Constitutions for donation to local schools
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/20 Rpt: 73/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/12/2025	5 Payee name National Federation of Republican Women	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 124 N. Alfred Street Alexandria, VA 22314	
<input type="checkbox"/> Expenditure from corporate funds	(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 Federation Fund donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/12/2025	Payee name National Federation of Republican Women	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 124 N. Alfred Street Alexandria, VA 22314	
<input type="checkbox"/> Expenditure from corporate funds	(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 Marion Martin Fund donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name Office Depot	
Amount (\$) \$292.46	Payee address; City; State; Zip Code Stone Hill Center Pflugerville, TX 78660	
<input type="checkbox"/> Expenditure from corporate funds	(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 paper for directories
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/20 Rpt: 74/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/08/2025	5 Payee name Sam's Club	
6 Amount (\$) \$40.07	7 Payee address; City; State; Zip Code 9700 N Capital Of Texas Hwy Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(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 President's Circle event supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/14/2025	Payee name Square Weebly	
Amount (\$) \$3.10	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(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 payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/02/2025	Payee name Square Weebly	
Amount (\$) \$4.18	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/20 Rpt: 75/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/06/2025	5 Payee name Square Weebly	
6 Amount (\$) \$4.01	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Square Weebly	
Amount (\$) \$1.08	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/24/2025	Payee name Square Weebly	
Amount (\$) \$2.16	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/20 Rpt: 76/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/24/2025	5 Payee name Square Weebly	
6 Amount (\$) \$2.88	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pmt processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Square Weebly	
Amount (\$) \$1.08	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pmt processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name Square Weebly	
Amount (\$) \$2.88	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pmt processing fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/20 Rpt: 77/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/13/2025	5 Payee name Square Weebly	
6 Amount (\$) \$1.08	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pmt processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/04/2025	Payee name Square Weebly	
Amount (\$) \$7.65	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Square Weebly	
Amount (\$) \$6.99	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/20 Rpt: 78/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/08/2025	5 Payee name Square Weebly	
6 Amount (\$) \$3.17	7 Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/24/2025	Payee name Square Weebly	
Amount (\$) \$2.16	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense payment processing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name Square Weebly	
Amount (\$) \$2.31	Payee address; City; State; Zip Code 1455 Market St. Suite 600 San Francisco, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense pmt proc fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/20 Rpt: 79/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 11/06/2025	5 Payee name TFRW	
6 Amount (\$) \$20.20	7 Payee address; City; P.O.Box 171146 Austin, TX 78217-8165	
<input type="checkbox"/> Expenditure from corporate funds	(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 annual club fee for 2026
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/06/2025	Payee name TFRW	Office held
Amount (\$) \$430.10	Payee address; City; P.O.Box 171146 Austin, TX 78217-8165	
<input type="checkbox"/> Expenditure from corporate funds	(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 member dues for 2026
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/21/2025	Payee name TFRW	Office held
Amount (\$) \$253.00	Payee address; City; P.O.Box 171146 Austin, TX 78217-8165	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/20 Rpt: 80/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/22/2025	5 Payee name TFRW	
6 Amount (\$) \$507.50	7 Payee address; City; State; Zip Code 13740 N HWY 183 Ste J-4 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(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 Club Gold patron 2026
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name TFRW	
Amount (\$) \$404.80	Payee address; City; State; Zip Code 13740 N HWY 183 Ste J-4 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(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 Member dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/03/2025	Payee name Texas Comptroller	
Amount (\$) \$3.79	Payee address; City; State; Zip Code 111 E. 17th St. Austin, TX 78774	
<input type="checkbox"/> Expenditure from corporate funds	(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 sales tax
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/20 Rpt: 81/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/03/2025	5 Payee name Texas Comptroller	
6 Amount (\$) \$52.00	7 Payee address; City; 111 E. 17th St. Austin, TX 78774	
<input type="checkbox"/> Expenditure from corporate funds	(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 late reporting fee Q3
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/14/2025	Payee name Texas Federation of Republican Women PAC	
Amount (\$) \$278.30	Payee address; City; 13740 N Highway 183 J4 Austin, TX 78750-1832	
<input type="checkbox"/> Expenditure from corporate funds	(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 Dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/29/2025	Payee name Texas Federation of Republican Women PAC	
Amount (\$) \$50.00	Payee address; City; 13740 N Highway 183 J4 Austin, TX 78750-1832	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 hospitality donation (meeting snacks)
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/20 Rpt: 82/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/19/2025	5 Payee name Texas Federation of Republican Women PAC	
6 Amount (\$) \$20.00	7 Payee address; City; State; Zip Code 13740 N Highway 183 J4 Austin, TX 78750-1832	
<input type="checkbox"/> Expenditure from corporate funds	(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 Donation to general scholarship fund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Texas Federation of Republican Women PAC	
Amount (\$) \$10.00	Payee address; City; State; Zip Code 13740 N Highway 183 J4 Austin, TX 78750-1832	
<input type="checkbox"/> Expenditure from corporate funds	(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 Donation to Beryl Dowd scholarship fund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/17/2025	Payee name Trader Joe's	
Amount (\$) \$40.81	Payee address; City; State; Zip Code 9722 Great Hills Trail Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/beverages for President's Circle event
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/20 Rpt: 83/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 08/15/2025	5 Payee name US Post Office	
6 Amount (\$) \$31.20	7 Payee address; City; State; Zip Code 10109 Lake Creek Pkwy Austin, TX 78729	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 stamps for corresponding secretary
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/13/2025	Payee name US Post Office	
Amount (\$) \$8.12	Payee address; City; State; Zip Code 10109 Lake Creek Pkwy Austin, TX 78729	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/17/2025	Payee name US Post Office	
Amount (\$) \$24.40	Payee address; City; State; Zip Code 10109 Lake Creek Pkwy Austin, TX 78729	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 stamps for corresponding secretary - reimbursed Kaderli
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/20 Rpt: 84/84	2 FILER NAME Northwest Austin Republican Women	3 Filer ID (Ethics Commission Filers) 00015743
4 Date 12/17/2025	5 Payee name WB Liquors	
6 Amount (\$) \$15.14	7 Payee address; City; 10401 Research Blvd Austin, TX 78759	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Food/beverages for President's Circle event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/13/2025	Payee name Walmart	Office held
Amount (\$) \$15.91	Payee address; City; 2701 S IH 35 Round Rock, TX 78664	
<input type="checkbox"/> Expenditure from corporate funds	(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 Supplies for printing directories
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/27/2025	Payee name Walmart	Office held
Amount (\$) \$5.93	Payee address; City; 2701 S IH 35 Round Rock, TX 78664	
<input type="checkbox"/> Expenditure from corporate funds	(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 supplies for new member social
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held