

**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) 00085254	2 Total pages filed: 57			
3 COMMITTEE NAME Southeast Texas Republican Women		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/05/2026  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				ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  P.O. Box 1071  Nederland, TX 77627		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.			FIRST Elizabeth	MI	
	NICKNAME	LAST Esthay	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3112 Youmans Dr.  Nederland, TX 77627		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3112 Youmans Dr.  Nederland, TX 77627					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (409) 651-3018					
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**

<b>12 COMMITTEE NAME</b> Southeast Texas Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00085254
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 32,697.35
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 18,850.22
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,484.02
<b>OUTSTANDING LOAN TOTALS</b>	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. Elizabeth Esthay

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 57

<b>17</b> COMMITTEE NAME Southeast Texas Republican Women	<b>18</b> FILER ID (Ethics Commission Filers) 00085254
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 32,697.35	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 18,850.22	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 188.00	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/39 Rpt: 4/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Alan (Mr.)	<b>7</b> Amount of Contribution (\$) \$26.50
	<b>6</b> Contributor address; City; State; Zip Code  Lumberton, TX 77857	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aldredge, Kimberly (Ms.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Lumberton, TX 77657	
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions)
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashby, Trent (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Lufkin, TX 75901	
Principal occupation / Job title (See Instructions) TX State Rep		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashrafi, Mahmoona (Tahir) (Mr.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
Principal occupation / Job title (See Instructions) Commerical Realtor		Employer (See Instructions) Self
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckcom, Doneane (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Port Athur, TX 77642	
Principal occupation / Job title (See Instructions) Lawyer / PA City Council		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/39 Rpt: 5/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckcom, Doneane (Ms.)	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Clerk		<b>Employer (See Instructions)</b>
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Clerk		<b>Employer (See Instructions)</b>
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.)	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Clerk		<b>Employer (See Instructions)</b>
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.)	<b>Amount of Contribution (\$)</b> \$80.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Clerk		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/39 Rpt: 6/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordelon, Elizabeth (Ms.)	<b>7</b> Amount of Contribution (\$) \$65.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions) Parts Tech		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Mr.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Mr.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Branick, Jeff (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77251	
Principal occupation / Job title (See Instructions) Jefferson County Judge		Employer (See Instructions) Jefferson County

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/39 Rpt: 7/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions)
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Autumn (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/39 Rpt: 8/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
<b>8</b> Principal occupation / Job title (See Instructions) Regional Casework Dir.		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Janet (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Regional Casework Dir.		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Brad (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions)
Date 08/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Teresa (Ms.)	Amount of Contribution (\$) \$42.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	Amount of Contribution (\$) \$109.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/39 Rpt: 9/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/39 Rpt: 10/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Dina (Ms.)	<b>7</b> Amount of Contribution (\$) \$75.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll, Kate (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/39 Rpt: 11/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cates, Norma (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Becky (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/39 Rpt: 12/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Becky (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Port Neches, TX 77651	
<b>8</b> Principal occupation / Job title (See Instructions) self employed		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Becky (Ms.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cortez, Becky (Ms.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Port Neches, TX 77651	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courville, Barbara (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
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#: _____) Covey, Lydia (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Rhonda Ward Campaign Worker		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/39 Rpt: 13/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covey, Lydia (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Rhonda Ward Campaign Worker		<b>9</b> Employer (See Instructions)
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Covey, Lydia (Ms.)	<b>Amount of Contribution (\$)</b> \$36.50
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Rhonda Ward Campaign Worker		<b>Employer (See Instructions)</b>
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	<b>Amount of Contribution (\$)</b> \$73.00
	<b>Contributor address; City; State; Zip Code</b>  Pt. Neches, TX 77651	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	<b>Amount of Contribution (\$)</b> \$36.50
	<b>Contributor address; City; State; Zip Code</b>  Pt. Neches, TX 77651	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Pt. Neches, TX 77651	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/39 Rpt: 14/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	<b>7</b> Amount of Contribution (\$) \$73.00
	<b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curl, Dotti (Ms.)	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Jeff (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/39 Rpt: 15/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
<b>8</b> Principal occupation / Job title (See Instructions) Bookkeeper		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebeling, Jeanene (Ms.)	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77640	
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/39 Rpt: 16/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Betty (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
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#: _____) Elliott, Betty (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson, Cary (Mr.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Jefferson County

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/39 Rpt: 17/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor Erickson, Cary (Mr.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) County Commissioner		<b>9</b> Employer (See Instructions) Jefferson County
<b>Date</b> 09/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Erickson, Cary (Mr.)	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> County Commissioner		<b>Employer (See Instructions)</b> Jefferson County
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Erickson, Cary (Mr.)	<b>Amount of Contribution (\$)</b> \$73.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> County Commissioner		<b>Employer (See Instructions)</b> Jefferson County
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Esthay, Beth (Ms.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Accounting Clerk		<b>Employer (See Instructions)</b>
<b>Date</b> 07/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: Esthay, Elizabeth (Ms.)	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/39 Rpt: 18/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/39 Rpt: 19/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esthay, Elizabeth (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont , TX 77706	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/39 Rpt: 20/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Joe (Mr.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont , TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions) Program Manager		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Figari, Stephanie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forey, Hope (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  NEDERLAND, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freisz, Gordon (Judge)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesz, Gordan (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/39 Rpt: 21/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillispie, Kurt (Mr.)	<b>7</b> Amount of Contribution (\$) \$73.00
	<b>6</b> Contributor address; City; State; Zip Code  Groves, TX 77619	
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 07/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goleman, Scott (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Cut and Shoot, TX 77306	
Principal occupation / Job title (See Instructions) Chief Justice		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/39 Rpt: 22/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/39 Rpt: 23/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Pat (Ms.)	<b>7</b> Amount of Contribution (\$) \$120.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77705	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/39 Rpt: 24/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Ann (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammonds, James (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jennifer (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lumberton, TX 77657	
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) Senator Robert Nichols

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/39 Rpt: 25/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jennifer (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Lumberton, TX 77657	
<b>8</b> Principal occupation / Job title (See Instructions) Staff		<b>9</b> Employer (See Instructions) Senator Robert Nichols
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Jennifer (Ms.)	<b>Amount of Contribution (\$)</b> \$36.50
	<b>Contributor address; City; State; Zip Code</b>  Lumberton, TX 77657	
<b>Principal occupation / Job title (See Instructions)</b> Staff		<b>Employer (See Instructions)</b> Senator Robert Nichols
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Elaine (Ms.)	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Beaumont, TX 77726	
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b>
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Emmett (Mr.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Oil Field Consultant		<b>Employer (See Instructions)</b>
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Emmett (Mr.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Oil Field Consultant		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/39 Rpt: 26/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Emmett (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Oil Field Consultant		<b>9</b> Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JCRP	Amount of Contribution (\$) \$21,984.35
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JCRP	Amount of Contribution (\$) \$1,800.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Stephanie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Pott Arthur, TX 77642	
Principal occupation / Job title (See Instructions) Intake Specialist Legay.c.d.c		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kimberly (Mrs.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Marketin Mgr.		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/39 Rpt: 27/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lejeune, David (Mr.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
<b>8</b> Principal occupation / Job title (See Instructions) FFB Mid County Market President		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Angelia (Ms.)	<b>Amount of Contribution (\$)</b> \$73.00
	<b>Contributor address; City; State; Zip Code</b>  Beaumont, TX 77707	
<b>Principal occupation / Job title (See Instructions)</b> Homemaker		<b>Employer (See Instructions)</b>
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Low, Heather (Ms.)	<b>Amount of Contribution (\$)</b> \$42.00
	<b>Contributor address; City; State; Zip Code</b>  Nederland, TX 77627	
<b>Principal occupation / Job title (See Instructions)</b> Envir. Specialist		<b>Employer (See Instructions)</b>
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.)	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Beaumont, TX 77707	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKenzie, Liz (Ms.)	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Beaumont, TX 77707	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/39 Rpt: 28/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor MacKenzie, Liz (Ms.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77707	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor Mackenzie, Liz (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77707	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor Maggio, Marie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor Maggio, Marie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor Maggio, Marie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/39 Rpt: 29/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor Maggio, Marie (Ms.)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor Maggio, Marie (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor Mann, Sharon (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Las Vegas, NV 89139	
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions)
Date 10/14/2025	Full name of contributor Markland, Bryan (Mr.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Candidate for County Commissioner		Employer (See Instructions)
Date 11/11/2025	Full name of contributor Markland, Bryan (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77713	
Principal occupation / Job title (See Instructions) Candidate for County Commissioner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/39 Rpt: 30/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Maggie (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Port Neches, TX 77651	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77706	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/39 Rpt: 31/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Pat (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77706	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Charles (Mr.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Willis, TX 77678	
Principal occupation / Job title (See Instructions) TX Senate Candidate		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.)	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.)	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.)	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/39 Rpt: 32/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Danny (Mr.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Luke (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Luke (Mr.)	Amount of Contribution (\$) \$26.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Luke (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/39 Rpt: 33/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	<b>7</b> Amount of Contribution (\$) \$73.00
	<b>6</b> Contributor address; City; State; Zip Code  Groves, TX 77619	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacetti, Rodney (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platts, Shilo (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  China, TX 77613	
Principal occupation / Job title (See Instructions) Candidate Jeff Co Republican chair		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platts, Shilo (Mr.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  China, TX 77613	
Principal occupation / Job title (See Instructions) Candidate Jeff Co Republican Chair		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/39 Rpt: 34/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Groves, TX 77619	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Nancy (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Groves, TX 77619	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/39 Rpt: 35/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Pt. Arthur, TX 77642	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.)	<b>Amount of Contribution (\$)</b> \$35.00
	<b>Contributor address; City; State; Zip Code</b>  Pt. Arthur, TX 77642	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.)	<b>Amount of Contribution (\$)</b> \$36.50
	<b>Contributor address; City; State; Zip Code</b>  Pt. Arthur, TX 77642	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ransonette, Charlotte (Ms.)	<b>Amount of Contribution (\$)</b> \$36.50
	<b>Contributor address; City; State; Zip Code</b>  Pt. Arthur, TX 77642	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Lanora (Ms.)	<b>Amount of Contribution (\$)</b> \$70.00
	<b>Contributor address; City; State; Zip Code</b>  Port Neches, TX 77651	
<b>Principal occupation / Job title (See Instructions)</b> Registered Nurse		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/39 Rpt: 36/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Sherrie (Ms.)	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Bridge City , TX 77611	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Anna (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Anna (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reyes, Anna (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Port Arthur, TX 77642	
Principal occupation / Job title (See Instructions) self-employed		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Kitti (Ms.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Hamshire, TX 77622	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 34/39 Rpt: 37/57
<b>2</b> FILER NAME Southeast Texas Republican Women			<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seiler, Kenna (Mr.)	<b>6</b> Contributor address; City; State; Zip Code  The Woodlands, TX 77382	<b>7</b> Amount of Contribution (\$) \$26.50
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.)	Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.)	Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siragusa, Dora (Ms.)	Contributor address; City; State; Zip Code  Nederland, TX 77627	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Julia (Ms.)	Contributor address; City; State; Zip Code  Pt. Neches, TX 77651	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/39 Rpt: 38/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	<b>7</b> Amount of Contribution (\$) \$105.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/39 Rpt: 39/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	<b>7</b> Amount of Contribution (\$) \$70.00
	<b>6</b> Contributor address; City; State; Zip Code  Nederland, TX 77627	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Saundra (Ms.)	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code  Nederland, TX 77627	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, David (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Rep Sons of Republic of TX		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stone, David (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77705	
Principal occupation / Job title (See Instructions) Rep Sons of Republic of TX		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/39 Rpt: 40/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 07/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.)	<b>7</b> Amount of Contribution (\$) \$36.50
	<b>6</b> Contributor address; City; State; Zip Code  Orange, TX 77632	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Orange, TX 77632	
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#: _____) Waddell, Linda (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Orange, TX 77632	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waddell, Linda (Ms.)	Amount of Contribution (\$) \$36.50
	Contributor address; City; State; Zip Code  Orange, TX 77632	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Pamela (Ms.)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77708	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 38/39 Rpt: 41/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Pamela (Ms.)	<b>7</b> Amount of Contribution (\$) \$53.00
	<b>6</b> Contributor address; City; State; Zip Code  Beaumont, TX 77708	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Bridge City, TX 77611	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Bridge City, TX 77611	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jan (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Bridge City, TX 77611	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Raquel (Judge)	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code  Beaumont, TX 77701	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions)

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/39 Rpt: 42/57
<b>2</b> FILER NAME Southeast Texas Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00085254
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Jay (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Conroe, TX 77302	<b>7</b> Amount of Contribution (\$) \$53.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)

# 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: 1/14 Rpt: 43/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 07/14/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.52	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$2.72	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$20.90	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 Credit Card Fees
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: 2/14 Rpt: 44/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/11/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$3.78	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/05/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$2.59	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/04/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.36	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 Credit Card Fees
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: 3/14 Rpt: 45/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 08/25/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.36	7 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 Credit Card Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/26/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.36	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 Credit Card Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/08/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$7.42	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 Credit Card Fees
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: 4/14 Rpt: 46/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/03/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.36	7 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 Credit Card Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/08/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$2.42	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/09/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.07	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 credit card 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: 5/14 Rpt: 47/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 09/10/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$10.03	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.36	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 Credit Card Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/29/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.36	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 Credit Card 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: 6/14 Rpt: 48/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 10/06/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.36	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$3.78	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/15/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$13.01	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 Credit Card Fees
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: 7/14 Rpt: 49/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/03/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$3.21	7 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 Credit Card Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/04/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.36	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/05/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$1.07	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 Credit Card Fees
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: 8/14 Rpt: 50/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/06/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.36	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$8.05	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 Credit Card Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/12/2025	Payee name 2025 Square, Inc.	
Amount (\$) \$13.16	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 Credit Card Fees
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: 9/14 Rpt: 51/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/13/2025	5 Payee name 2025 Square, Inc.	
6 Amount (\$) \$1.10	7 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 Credit Card Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/16/2025	Payee name Andecot, Jeffrey	
Amount (\$) \$400.00	Payee address; City; State; Zip Code St Mary's University  San Antonia, TX 78228	
<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 Speaker Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Carr, Dina (Ms.)	
Amount (\$) \$84.27	Payee address; City; State; Zip Code 2225 Stillwater Dr.  Beaumont, TX 77705	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Google	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Workspace
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: 10/14 Rpt: 52/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/18/2025	5 Payee name Carr, Dina (Ms.)	
6 Amount (\$) \$91.28	7 Payee address; City; 2225 Stillwater Dr.  Beaumont, TX 77705	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Google 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 Google Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2025	Payee name Ebeling, Jeanene (Ms.)	
Amount (\$) \$6.41	Payee address; City; 2464 63rd St.  Pt. Arthur, TX 77640	
<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 Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Ebeling, Jeanene (Ms.)	
Amount (\$) \$21.01	Payee address; City; 2464 63rd St.  Pt. Arthur, TX 77640	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Cards and Stamps	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cards and Stamps
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: 11/14 Rpt: 53/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/13/2025	5 Payee name Embracing Freedom	
6 Amount (\$) \$50.00	7 Payee address; City; PO Box 12813  Beaumont, TX 77726	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/24/2025	Payee name Greene, Pat (Ms.)	
Amount (\$) \$475.60	Payee address; City; 4400 Morningstar Pl.  Beaumont, TX 77705	
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 TFRW Dues Reimbursement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/26/2025	Payee name Hispanic Business Association	
Amount (\$) \$350.00	Payee address; City; 3202 39th St.  Port Arthur, TX 77642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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: 12/14 Rpt: 54/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/18/2025	5 Payee name Hope Womens Resource Clinic	
6 Amount (\$) \$50.00	7 Payee address; City; 3740 Laurel St  Beaumont, TX 77707	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/07/2025	Payee name Joe Evans Campaign Fund	
Amount (\$) \$10,000.00	Payee address; City; 9235 Riggs  Beaumont, TX 77707	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name New Beginnings Ministries	
Amount (\$) \$100.00	Payee address; City; P.O. Box 4040  Pt. Arthur, TX 77641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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: 13/14 Rpt: 55/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 11/17/2025	5 Payee name New Beginnings Ministries	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code P.O. Box 4040  Pt. Arthur, TX 77641	
<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 Donations
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name The MAGA Mall USA	
Amount (\$) \$138.58	Payee address; City; State; Zip Code 2740 SW Martin Downs Blvd #331  Palm City, FL 34990	
<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 Caps & T-Shirt
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/14/2025	Payee name The Pompano	
Amount (\$) \$2,134.98	Payee address; City; State; Zip Code 330 Twin City Hwy.  Pt. Neches, TX 77651	
<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 Meals for Meeting
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: 14/14 Rpt: 56/57	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254	
4 Date 09/11/2025	5 Payee name The Pompano		
6 Amount (\$) \$1,400.00	7 Payee address; City; 330 Twin City Hwy.  Pt. Neches, TX 77651		
<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 Meeting Meal	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/16/2025	Payee name The Pompano		
Amount (\$) \$1,575.01	Payee address; City; 330 Twin City Hwy.  Pt. Neches, TX 77651		
<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 Meal for meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/13/2025	Payee name The Pompano		
Amount (\$) \$1,715.01	Payee address; City; 330 Twin City Hwy.  Pt. Neches, TX 77651		
<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 Meal for meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Southeast Texas Republican Women	3 Filer ID (Ethics Commission Filers) 00085254
4 Date 12/12/2025	5 Payee name U. S. Post Office	
6 Amount (\$) 188.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 223 N. 14 th. St. Nederland, TX 77627	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Box Rental	(b) Description (See instructions regarding type of information required.) PO Box Rental