

**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) 00054719	2 Total pages filed: 11			
3 COMMITTEE NAME Chambers County Republican Women		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/08/2026  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 P.O. Box 519  Anahuac, TX 77514						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.			FIRST Rachal D.	MI	
	NICKNAME .....	LAST Hisler	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 367 Pipeyard Rd #1575 Anahuac, TX 77514		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; PO Box 1575  Anahuac, TX 77514					
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (512) 496-4681					
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 03/03/2026		<input checked="" 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> Chambers County Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00054719
<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)	\$ 1,808.55
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,239.33
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,557.52
<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.

Mrs. Rachal D. Hisler

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 11

<b>17</b> COMMITTEE NAME Chambers County Republican Women	<b>18</b> Filer ID (Ethics Commission Filers) 00054719
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,808.55	
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 \$ 1,239.33	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/11
<b>2</b> FILER NAME Chambers County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054719
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANAHUAC NATIONAL BANK ..... <b>6</b> Contributor address; City; State; Zip Code  ANAHUAC, TX 77514-0939	<b>7</b> Amount of Contribution (\$)  \$13.55
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BASHAW, ANGELA ..... <b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 07/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BASHAW, ANGELA ..... <b>Contributor address; City; State; Zip Code</b>  BAYTOWN, TX 77523	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 12/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) BOLLICH, SUSAN ..... <b>Contributor address; City; State; Zip Code</b>  HANKAMER, TX 77560	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> DENTIST OFFICE	
<b>Date</b> 09/02/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) COPELAND, WENDY ..... <b>Contributor address; City; State; Zip Code</b>  HANKAMER, TX 77560	<b>Amount of Contribution (\$)</b>  \$50.00
	<b>Principal occupation / Job title (See Instructions)</b> DIRECTOR OF FIELD SERVICES	
<b>Employer (See Instructions)</b> NATURAL ENERGY FIELD SERVICES		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 5/11
<b>2</b> FILER NAME Chambers County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054719
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CROFT, YVETTE	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Baytown, TX 77523	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEWELLEN, GERALDINE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	
Principal occupation / Job title (See Instructions) HOUSEWIFE		Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAULDING, VICKEY	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code  WINNIE, TX 77665	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GLENN, VIOLETTA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BEACH CITY, TX 77523	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENNIGAN, REBA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  ANAHUAC, TX 77514	
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: 3/5 Rpt: 6/11
<b>2</b> FILER NAME Chambers County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054719
<b>4</b> Date 09/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, CHRISTIAN	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  DAYTON, TX 77535	
<b>8</b> Principal occupation / Job title (See Instructions) LAWYER		<b>9</b> Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNAPP, JESSICA	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Anahuac, TX 77514	
Principal occupation / Job title (See Instructions) PHOTOGRAPHER		Employer (See Instructions)
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEBLANC, SUSAN	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  ANAHUAC, TX 77597	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MANUEL, TABITHA	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BEACH CITY, TX 77523	
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTOYA, WENDI	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  BAYTOWN, TX 77521	
Principal occupation / Job title (See Instructions) TRAVEL AGENT		Employer (See Instructions) TRAVEL HUT

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/11
<b>2</b> FILER NAME Chambers County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054719
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PONCE, SHALA	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  ANAHUAC, TX 77514	
<b>8</b> Principal occupation / Job title (See Instructions) UNKNOWN		<b>9</b> Employer (See Instructions) UNKNOWN
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROEMER, GLORIA	Amount of Contribution (\$) \$85.00
	Contributor address; City; State; Zip Code  STOWELL, TX 77661	
Principal occupation / Job title (See Instructions) NEWSPAPER JOURNALIST		Employer (See Instructions) SELF
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SIMS, TONY	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  ANAHUAC, TX 77514	
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VILLEMEZ, STEVE	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  MONT BELVIEU, TX 77523	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITTINGTON, NICOLE	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  ANAHUAC, TX 77514	
Principal occupation / Job title (See Instructions) COUNTY TREASURER		Employer (See Instructions) CHAMBERS 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: 5/5 Rpt: 8/11
<b>2</b> FILER NAME Chambers County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054719
<b>4</b> Date 11/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILCOX, LEORA ..... <b>6</b> Contributor address; City; State; Zip Code  WINNIE, TX 77665	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILCOX, LEORA ..... Contributor address; City; State; Zip Code  WINNIE, TX 77665	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, William ..... Contributor address; City; State; Zip Code  BAYTOWN, TX 77523	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheat, Stephanie ..... Contributor address; City; State; Zip Code  Anahuac, TX 77514	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Retired		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: 1/3 Rpt: 9/11	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 08/31/2025	5 Payee name ANAHUAC NATIONAL BANK	
6 Amount (\$) \$13.55	7 Payee address; City; PO DRAWER N  ANAHUAC, TX 77514	State; Zip Code
<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  BANK FEE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name BLAIR, DANIELLE	
Amount (\$) \$125.72	Payee address; City; 10023 MARY LANE  BAYTOWN, TX 77523	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  VOTER GUIDE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/30/2025	Payee name BLAIR, DANIELLE	
Amount (\$) \$370.97	Payee address; City; 10023 MARY LANE  BAYTOWN, TX 77523	State; Zip Code
<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  JOT FORM SUB
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: 2/3 Rpt: 10/11	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 07/30/2025	5 Payee name CHAMBERS COUNTY MUSEUM AT WALLISVILLE	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code PO BOX 16  WALLISVILLE, TX 77597	
<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 PAVER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name EAGLE POINTE REC CENTER	
Amount (\$) \$207.34	Payee address; City; State; Zip Code 12450 EAGLE POINTE DRIVE  MONT BELVIEU, TX 77523	
<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 RENTAL
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/04/2025	Payee name LEBLANC, SUSAN	
Amount (\$) \$89.06	Payee address; City; State; Zip Code 7134 FM 563  WALLISVILLE, TX 77597	
<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
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: 3/3 Rpt: 11/11	2 FILER NAME Chambers County Republican Women	3 Filer ID (Ethics Commission Filers) 00054719
4 Date 12/11/2025	5 Payee name LEBLANC, SUSAN	
6 Amount (\$) \$56.70	7 Payee address; City; 7134 FM 563  WALLISVILLE, TX 77597	
8 PURPOSE OF EXPENDITURE	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name PAYPAL	
Amount (\$) \$25.99	Payee address; City; 2211 NORTH 1ST STREET  SAN JOSE, CA 95131	
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 PAYPAL FEES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held