

**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) 00081339	2 Total pages filed: 35		
3 COMMITTEE NAME Lost Pines Republican Women		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/07/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 575  Bastrop, TX 78602				
5 CAMPAIGN TREASURER NAME  Mrs.	FIRST Kaye			MI	
	NICKNAME Leidy	LAST SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1145 FM 812  Cedar Creek, TX 78612	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1145 FM 812  Cedar Creek, TX 78612	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (512) 308-8237	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Lost Pines Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00081339
<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 checked="" 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)	\$ 22,389.51
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 17,270.92
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,817.41
<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. Kaye Leidy

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 35

<b>17</b> COMMITTEE NAME Lost Pines Republican Women	<b>18</b> Filer ID (Ethics Commission Filers) 00081339
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 18,703.23	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3,686.28	
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 \$ 17,270.92	
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 66.17	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/13 Rpt: 4/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 12/02/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastrop County Republican Party	<b>7</b> Amount of Contribution (\$) \$480.00
	<b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bastrop GOP Club	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Timothy (Mr.)	Amount of Contribution (\$) \$845.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Field Service Engineer		Class One Technologies
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Timothy (Mr.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Field Service Engineer		Class One Technologies
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradford, Timothy (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Field Service Engineer		Class One Technologies

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/13 Rpt: 5/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Glenn (Mr.)	<b>7</b> Amount of Contribution (\$) \$90.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlisle, Glenn (Mr.)	Amount of Contribution (\$) \$130.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Michael (Mr.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Austin, TX 78723	
Principal occupation / Job title (See Instructions) Field Director		Employer (See Instructions) Jim Wright for Texas
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Lesli (Mrs.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Austin, TX 78729	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Department of Criminal Justice
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Alison (Mrs.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Taylor, TX 76574	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas Court of Criminal Appeals

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/13 Rpt: 6/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Marianne	<b>7</b> Amount of Contribution (\$) \$95.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Marianne	Amount of Contribution (\$) \$325.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Marianne (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Mike	Amount of Contribution (\$) \$315.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Mike	Amount of Contribution (\$) \$95.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/13 Rpt: 7/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Mike	<b>7</b> Amount of Contribution (\$) \$65.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gepner, Mike	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	\$45.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatley, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brenham, TX 77833	\$160.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) US Army (retired)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatley, Christopher (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Brenham, TX 77833	\$1,100.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) US Army (retired)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	\$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 5/13 Rpt: 8/35
<b>2</b> FILER NAME Lost Pines Republican Women			<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kafel, Henry (Mr.)	<b>7</b> Amount of Contribution (\$) \$2,190.00	
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired	
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian, Kristin (Mrs.)	Amount of Contribution (\$) \$95.00	
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Corvel	
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian, Kristin (Mrs.)	Amount of Contribution (\$) \$70.00	
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Corvel	
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian, Kristin (Mrs.)	Amount of Contribution (\$) \$20.00	
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Corvel	
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian, Kristin (Mrs.)	Amount of Contribution (\$) \$90.00	
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Corvel	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/13 Rpt: 9/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	<b>7</b> Amount of Contribution (\$) \$155.00
	<b>6</b> Contributor address; City; State; Zip Code  CEDAR CREEK, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  CEDAR CREEK, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/13 Rpt: 10/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	<b>7</b> Amount of Contribution (\$) \$70.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald (Mr.)	Amount of Contribution (\$) \$274.07
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald (Mr.)	Amount of Contribution (\$) \$436.16
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Donald (Mr.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loucks, Sarah (The Honorable)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Bastrop 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: 8/13 Rpt: 11/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loucks, Sarah (The Honorable)	<b>7</b> Amount of Contribution (\$) \$135.00
	<b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	
<b>8</b> Principal occupation / Job title (See Instructions) District Clerk		<b>9</b> Employer (See Instructions) Bastrop County
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Loucks, Sarah (The Honorable)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) District Clerk		Employer (See Instructions) Bastrop County
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Normoyle, Jutta (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Normoyle, Jutta (Mrs.)	Amount of Contribution (\$) \$625.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Normoyle, Jutta (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/13 Rpt: 12/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Normoyle, Jutta (Mrs.)	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Joyce (Mrs.)	Amount of Contribution (\$) \$190.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Joyce (Mrs.)	Amount of Contribution (\$) \$180.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Joyce (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Joyce (Mrs.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/13 Rpt: 13/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 11/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Joyce (Mrs.)	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Charles (Sen.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78627	
Principal occupation / Job title (See Instructions) Senator		Employer (See Instructions) State of Texas
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwertner, Charles (Sen.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Georgetown, TX 78627	
Principal occupation / Job title (See Instructions) Senator		Employer (See Instructions) State of Texas
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/13 Rpt: 14/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Mrs.)	<b>7</b> Amount of Contribution (\$) \$140.00
	<b>6</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra (Mrs.)	Amount of Contribution (\$) \$52.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/13 Rpt: 15/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Sandra (Mrs.)	<b>7</b> Amount of Contribution (\$) \$45.00
	<b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code  Rosankhy, TX 78953	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Best Friends Kennel
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn (Mrs.)	Amount of Contribution (\$) \$170.00
	Contributor address; City; State; Zip Code  Rosankhy, TX 78953	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Best Friends Kennel
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Dawn (Mrs.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Rosankhy, TX 78953	
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Best Friends Kennel
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tully, Anna Lee (Mrs.)	Amount of Contribution (\$) \$170.00
	Contributor address; City; State; Zip Code  Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 13/13 Rpt: 16/35
<b>2</b> FILER NAME Lost Pines Republican Women			<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tully, Anna Lee (Mrs.) ..... <b>6</b> Contributor address; City; State; Zip Code  Bastrop, TX 78602	<b>7</b> Amount of Contribution (\$)  \$45.00	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) retired	
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) various donors under \$220, various donors under \$220 ..... Contributor address; City; State; Zip Code  Bastrop, TX 78602	Amount of Contribution (\$)  \$3,796.00	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 17/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 12/30/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$3,254.00 Jewelry and various household items for silent auction fundraiser
	<b>7</b> Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) retired
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/11/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye (Mrs.)		Amount of contribution (\$) <b>9</b> In-kind contribution description \$432.28 Books and jewelry for live and silent auction
Contributor address; City; State; Zip Code  Cedar Creek, TX 78612		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) retired		Employer (FOR NON-JUDICIAL) (See instructions) retired
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# 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: 1/17 Rpt: 18/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 12/16/2025	5 Payee name 602 Brewery LLC	
6 Amount (\$) \$800.00	7 Payee address; City; 919 Main Street  Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/22/2025	Payee name Amazon.com	
Amount (\$) \$555.49	Payee address; City; 440 Terry Ave N  Seattle, WA 98632	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office equipment and office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Amazon.com	
Amount (\$) \$86.46	Payee address; City; 440 Terry Ave N  Seattle, WA 98632	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/17 Rpt: 19/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 10/28/2025	5 Payee name Amazon.com	
6 Amount (\$) \$53.33	7 Payee address; City; State; Zip Code 440 Terry Ave N  Seattle, WA 98632	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/10/2025	Payee name Amazon.com	
Amount (\$) \$160.11	Payee address; City; State; Zip Code 440 Terry Ave N  Seattle, WA 98632	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office equipment/supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 12/04/2025	Payee name Amazon.com	
Amount (\$) \$106.85	Payee address; City; State; Zip Code 440 Terry Ave N  Seattle, WA 98632	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 20/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 10/12/2025	5 Payee name Bassano's Italian Restaurant	
6 Amount (\$) \$46.31	7 Payee address; City; 57 Loop 150 W  Bastrop, TX 78602	
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 Food for workers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Bastrop Convention Center	
Amount (\$) \$3,000.00	Payee address; City; 1311 Chestnut St  Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Venue deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/29/2025	Payee name Bastrop County Young Republicans	
Amount (\$) \$25.00	Payee address; City; 115 Rita Blanca  Bastrop, TX 78602	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to affiliated entity
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: 4/17 Rpt: 21/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 07/01/2025	5 Payee name Bastrop Guardian & Storage	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 3000 Hwy 71 E  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/01/2025	Payee name Bastrop Guardian Storage	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 3000 Hwy 71 West  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/01/2025	Payee name Bastrop Guardian Storage	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 3000 Hwy 71 West  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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: 5/17 Rpt: 22/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 10/01/2025	5 Payee name Bastrop Guardian Storage	
6 Amount (\$) \$350.00	7 Payee address; City; 3000 Hwy 71 West  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Bastrop Guardian Storage	
Amount (\$) \$350.00	Payee address; City; 3000 Hwy 71 West  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Bastrop Guardian Storage	
Amount (\$) \$350.00	Payee address; City; 3000 Hwy 71 West  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rent
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: 6/17 Rpt: 23/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 08/25/2025	5 Payee name Bastrop Pregnancy Resource Center	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 127 Lower Red Rock Rd  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Charitable contribution	(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 07/12/2025	Payee name Bradford, Jessica (Mrs.)	
Amount (\$) \$27.74	Payee address; City; State; Zip Code 158 Raptor Beak Way  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Bradford, Jessica (Mrs.)	
Amount (\$) \$24.54	Payee address; City; State; Zip Code 158 Raptor Beak Way  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 24/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 10/06/2025	5 Payee name Bradford, Jessica (Mrs.)	
6 Amount (\$) \$10.13	7 Payee address; City; 158 Raptor Beak Way  Cedar Creek, TX 78612	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bradford, Jessica (Mrs.)	Office sought Office held
Date 11/03/2025	Payee name Bradford, Jessica (Mrs.)	
Amount (\$) \$1,000.00	Payee address; City; 158 Raptor Beak Way  Cedar Creek, TX 78612	State; Zip Code
<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 Reimbursement of convention expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bradford, Jessica (Mrs.)	Office sought Office held
Date 11/11/2025	Payee name Bradford, Jessica (Mrs.)	
Amount (\$) \$59.77	Payee address; City; 158 Raptor Beak Way  Cedar Creek, TX 78612	State; Zip Code
<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 Reimbursement for convention expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bradford, Jessica (Mrs.)	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: 8/17 Rpt: 25/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 12/04/2025	5 Payee name Bradford, Jessica (Mrs.)	
6 Amount (\$) \$85.64	7 Payee address; City; 158 Raptor Beak Way  Cedar Creek, TX 78612	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office supplies
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bradford, Jessica (Mrs.)	Office sought Office held
Date 12/10/2025	Payee name Bradford, Jessica (Mrs.)	
Amount (\$) \$21.34	Payee address; City; 158 Raptor Beak Way  Cedar Creek, TX 78612	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office supplies
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carson, Monica (Mrs.)	Office sought Office held
Date 12/04/2025	Payee name Carson, Monica (Mrs.)	
Amount (\$) \$70.00	Payee address; City; 108 Nichols Lane  Bastrop, TX 78602	State; Zip Code
<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 Transport for event speaker
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: 9/17 Rpt: 26/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 07/29/2025	5 Payee name City of Elgin	
6 Amount (\$) \$31.50	7 Payee address; City; State; Zip Code 802 N Ave C  Elgin, TX 78621	
<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 Booth fee for event
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Door Dash	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 57 Loop 150 W  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food delivery for workers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/13/2025	Payee name Door Dash	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 57 Loop 150 W  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food delivery 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: 10/17 Rpt: 27/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 11/17/2025	5 Payee name Door Dash	
6 Amount (\$) \$44.42	7 Payee address; City; State; Zip Code 57 Loop 150 W  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for meeting
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Door Dash	
Amount (\$) \$9.99	Payee address; City; State; Zip Code 57 Loop 150 W  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food delivery for workers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Film Alley	
Amount (\$) \$358.50	Payee address; City; State; Zip Code 1600 Chestnut St  Bastrop, TX 78602	
<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 Venue fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 28/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 12/18/2025	5 Payee name Film Alley	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1600 Chestnut St  Bastrop, TX 78602	
<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 Venue deposit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Home Depot	
Amount (\$) \$66.17	Payee address; City; State; Zip Code Hwy 71 W  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blinds for meeting place
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name Southern Guys Mowing	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 159 Pecos St.  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Landscape mowing
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: 12/17 Rpt: 29/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 11/06/2025	5 Payee name Spencer, Carol (Mrs.)	
6 Amount (\$) \$1,614.62	7 Payee address; City; 126 Brazos Dr.  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/11/2025	Payee name Spencer, Carol (Mrs.)	
Amount (\$) \$210.78	Payee address; City; 126 Brazos Dr.  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for office expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Spencer, Carol (Mrs.)	
Amount (\$) \$172.50	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Cedar Creek, TX 78612	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement cost of subscription
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: 13/17 Rpt: 30/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 12/31/2025	5 Payee name Square UP	
6 Amount (\$) \$380.25	7 Payee address; City; 2221 N First St  San Jose, CA 95131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name Subway	
Amount (\$) \$25.50	Payee address; City; 606 Hwy 95  Bastrop, TX 78602	
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 Lunch for workers
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/20/2025	Payee name T-Mobile USA	
Amount (\$) \$50.00	Payee address; City; 3618 Factoria Blvd  Bellvue, WA 98006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
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: 14/17 Rpt: 31/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 08/20/2025	5 Payee name T-Mobile USA	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 3618 Factoria Blvd  Bellvue, WA 98006	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/20/2025	Payee name T-Mobile USA	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3618 Factoria Blvd  Bellvue, WA 98006	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/20/2025	Payee name T-Mobile USA	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3618 Factoria Blvd  Bellvue, WA 98006	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 32/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 11/20/2025	5 Payee name T-Mobile USA	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 3618 Factoria Blvd  Bellvue, WA 98006	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/20/2025	Payee name T-Mobile USA	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 3618 Factoria Blvd  Bellvue, WA 98006	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internet
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2025	Payee name Te Dora Brown Enterprises	
Amount (\$) \$1,750.00	Payee address; City; State; Zip Code 11060 Frances Lane  Palos Park, IL 60464	
<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 deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 33/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 10/18/2025	5 Payee name Te Dora Brown Enterprises	
6 Amount (\$) \$1,750.00	7 Payee address; City; 11060 Frances Lane  Palos Park, IL 60464	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/16/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$50.60	Payee address; City; 13740 N Hwy 183  Austin, TX 78750	
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 Reporting fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/29/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$546.40	Payee address; City; 13740 N Hwy 183  Austin, TX 78750	
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 Reporting 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: 17/17 Rpt: 34/35	2 FILER NAME Lost Pines Republican Women	3 Filer ID (Ethics Commission Filers) 00081339
4 Date 12/19/2025	5 Payee name The Hartford Insurance	
6 Amount (\$) \$619.00	7 Payee address; City; P O Box 660916  Dallas, TX 75266-0916	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Liability insurance
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name USPS	
Amount (\$) \$188.00	Payee address; City; 1106 Main Street  Bastrop, TX 78602	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box rental
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 35/35
<b>2</b> FILER NAME Lost Pines Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00081339
<b>4</b> Date 11/16/2025	<b>5</b> Name of person from whom amount is received Home Depot .....	<b>8</b> Amount (\$) \$66.17
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Bastrop, TX 78602	
	<b>7</b> Purpose for which amount is received Refund for returned merchandise	<input type="checkbox"/> Check if political contribution returned to filer