

**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) 00016322	2 Total pages filed: 60
3 COMMITTEE NAME Ector County Republican Women's Club		<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 14537  Odessa, TX 79768			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.		
	NICKNAME	LAST Adams	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); P.O. Box 14537  Odessa, TX 79768		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; P.O. Box 14537  Odessa, TX 79768		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (432) 664-3877		
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
	THROUGH		
	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	

**GO TO PAGE 2**

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Ector County Republican Women's Club		<b>13 FILER ID</b> (Ethics Commission Filers) 00016322
<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)	\$ 13,718.53
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,690.53
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p>Ms. Julie Adams _____ Signature of Campaign Treasurer</p>		
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 60

<b>17 COMMITTEE NAME</b> Ector County Republican Women's Club	<b>18 FILER ID</b> (Ethics Commission Filers) 00016322
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input checked="" 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 checked="" type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" 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	
SUBTOTAL AMOUNT	
\$ 13,718.53	
\$ 0.00	
\$ 0.00	
\$	
\$	
\$	
\$	
\$	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 0.00	
\$ 15,279.16	
\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/45 Rpt: 4/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>8</b> Principal occupation / Job title (See Instructions) ASSISTANT EX. DIRECTOR	
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> ASSISTANT EX. DIRECTOR	
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> ASSISTANT EX. DIRECTOR	
<b>Date</b> 12/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) AMONETT, ASHLEIGH ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> ASSISTANT EX. DIRECTOR	
<b>Date</b> 11/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) ARANDA, GABRIELA ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79763	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Principal occupation / Job title (See Instructions)</b> INSURANCE AGENT	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/45 Rpt: 5/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Patti (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Patti (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JAN	Amount of Contribution (\$) \$73.36
	Contributor address; City; State; Zip Code  ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Ector County
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.)	Amount of Contribution (\$) \$127.10
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Ector 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: 3/45 Rpt: 6/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Gardendale, TX 79758	<b>7</b> Amount of Contribution (\$) \$31.55
<b>8</b> Principal occupation / Job title (See Instructions) County Attorney		<b>9</b> Employer (See Instructions) Ector County
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.) ..... Contributor address; City; State; Zip Code  Gardendale, TX 79758	Amount of Contribution (\$) \$31.02
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Ector County
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber, Gregory (Mr.) ..... Contributor address; City; State; Zip Code  Gardendale, TX 79758	Amount of Contribution (\$) \$31.02
Principal occupation / Job title (See Instructions) County Attorney		Employer (See Instructions) Ector County
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bird, Alma (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, Melissa (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$38.54
Principal occupation / Job title (See Instructions) Mortgage Loan Officer		Employer (See Instructions) Bank

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/45 Rpt: 7/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonifay, Cathy ..... <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonifay, Cathy ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, B.J. (Miss) ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Private Practice
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, B.J. (Miss) ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) Private Practice
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, SHELLY ..... Contributor address; City; State; Zip Code  GARDENDALE, TX 79758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BDD		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/45 Rpt: 8/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAUDLE, CRAIG	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) CHEMICAL TECH		<b>9</b> Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, CHARLES (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Judy (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Sheri	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/45 Rpt: 9/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Lanell (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79764	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Lanell (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Lanell (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Lanell (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronk, Carolyn	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Cosmetics Owner		Employer (See Instructions) Merle Norman

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/45 Rpt: 10/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronk, Carolyn	<b>7</b> Amount of Contribution (\$)  \$36.53
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Cosmetics Owner		<b>9</b> Employer (See Instructions) Merle Norman
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Cronk, Carolyn	<b>Amount of Contribution (\$)</b>  \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Cosmetics Owner		<b>Employer (See Instructions)</b> Merle Norman
<b>Date</b> 10/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Linda (Mrs.)	<b>Amount of Contribution (\$)</b>  \$31.55
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Linda (Mrs.)	<b>Amount of Contribution (\$)</b>  \$100.00
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutcher, Lori (Mrs.)	<b>Amount of Contribution (\$)</b>  \$500.00
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	
<b>Principal occupation / Job title (See Instructions)</b> Attorney		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/45 Rpt: 11/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darville, Mark (Mr.)	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79798	
<b>8</b> Principal occupation / Job title (See Instructions) business owner		<b>9</b> Employer (See Instructions) Darville Co
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dawson, Pat (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland, TX 79702	
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self employed
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick, Donna	Amount of Contribution (\$) \$95.25
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick, Donna	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrick, Donna	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
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: 9/45 Rpt: 12/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Gail (Ms.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Gail (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faubel, Paul (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Oil Company
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry (Mrs.)	Amount of Contribution (\$) \$127.10
	Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry (Mrs.)	Amount of Contribution (\$) \$95.25
	Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/45 Rpt: 13/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Sherry (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
<b>8</b> Principal occupation / Job title (See Instructions) Vice President		<b>9</b> Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GALVAN, LUIS	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  ODESSA, TX 79766	
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, BROOKE	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREEN, BROOKE	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) OPERATIONS MANAGER		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Loretta	Amount of Contribution (\$) \$16.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
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: 11/45 Rpt: 14/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Melissa	<b>7</b> Amount of Contribution (\$) \$38.81
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79764	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Melissa	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.)	Amount of Contribution (\$) \$62.19
	Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregston, Traci (Ms.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  ODESSA, TX 79761-0000	
Principal occupation / Job title (See Instructions) Barber		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/45 Rpt: 15/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Taylor	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) self employed
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, LINDA	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79764	
<b>Principal occupation / Job title (See Instructions)</b> INSURANCE BROKER		<b>Employer (See Instructions)</b>
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HANKINS, Grayson	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79762	
<b>Principal occupation / Job title (See Instructions)</b> Business Owner		<b>Employer (See Instructions)</b>
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HANKINS, KEN	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79705	
<b>Principal occupation / Job title (See Instructions)</b> REP. SPARKS		<b>Employer (See Instructions)</b>
<b>Date</b> 09/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HANKINS, KEN	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  MIDLAND, TX 79705	
<b>Principal occupation / Job title (See Instructions)</b> REP. SPARKS		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/45 Rpt: 16/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HANKINS, KEN ..... <b>6</b> Contributor address; City; State; Zip Code  MIDLAND, TX 79705	<b>7</b> Amount of Contribution (\$) \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) REP. SPARKS		<b>9</b> Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYS, DWAYNE ..... Contributor address; City; State; Zip Code  ODESSA, TX 79764	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) BUILDING INSPECTOR		Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDERSON, ELIZABETH ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$63.40
Principal occupation / Job title (See Instructions) GRANT WRITER		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, AMY ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HENDRICK, CAL ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ATTORNEY		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: 14/45 Rpt: 17/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, KLATA ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>8</b> Principal occupation / Job title (See Instructions) ACCOUNT MGR	
<b>Date</b> 10/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HERNANDEZ, KLATA ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> ACCOUNT MGR	
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWELL, JANEL ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79763	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.) ..... <b>Contributor address; City; State; Zip Code</b>  Gardendale, TX 79758	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> Retired	
<b>Date</b> 09/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.) ..... <b>Contributor address; City; State; Zip Code</b>  Gardendale, TX 79758	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> 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: 15/45 Rpt: 18/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Gardendale, TX 79758	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Danora (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Gardendale, TX 79758	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

## **SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/45 Rpt: 19/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy ..... <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	<b>7</b> Amount of Contribution (\$) \$31.55
<b>8</b> Principal occupation / Job title (See Instructions) School Board		<b>9</b> Employer (See Instructions) Self Employes
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) School Board		Employer (See Instructions) Self Employes
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) School Board		Employer (See Instructions) Self Employes
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) School Board		Employer (See Instructions) Self Employes
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Tammy ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) School Board		Employer (See Instructions) Self Employes

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 17/45 Rpt: 20/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Judith (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) Insurance Agent		<b>9</b> Employer (See Instructions) Self Employed
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynie, Sonya (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self employed
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynie, Sonya (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynie, Sonya (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) self employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Debi (Mrs.)	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  Odessa, TX 79764-1203	
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) Ector 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: 18/45 Rpt: 21/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hays, Debi (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79764-1203	
<b>8</b> Principal occupation / Job title (See Instructions) County Judge		<b>9</b> Employer (See Instructions) Ector County
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Brooke (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ector Co DA Office
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Brooke (Ms.)	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ector Co DA Office
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Brooke (Ms.)	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ector Co DA Office
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Sharon	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 19/45 Rpt: 22/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Sharon	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Sharon	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, Sharon	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojos, Erica (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hood , Karen (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79705	
Principal occupation / Job title (See Instructions) County Tax Assessor		Employer (See Instructions) Midland 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: 20/45 Rpt: 23/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hurt, Sherry (Mrs.)	<b>7</b> Amount of Contribution (\$) \$127.10
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79711	
<b>8</b> Principal occupation / Job title (See Instructions) homemaker		<b>9</b> Employer (See Instructions) none
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES, STACEY	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) REALTOR		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, GARY	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, LAURIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) NON-PROFIT EXECUTIVE		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, REBECCA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79764	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 21/45 Rpt: 24/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79761	<b>7</b> Amount of Contribution (\$) \$31.55
<b>8</b> Principal occupation / Job title (See Instructions) ACCT MGR		<b>9</b> Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN ..... Contributor address; City; State; Zip Code  ODESSA, TX 79761	Amount of Contribution (\$) \$68.38
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN ..... Contributor address; City; State; Zip Code  ODESSA, TX 79761	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, SUSAN ..... Contributor address; City; State; Zip Code  ODESSA, TX 79761	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) ACCT MGR		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Louis (Mr.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79763	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/45 Rpt: 25/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Sheryl (Ms.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones , Tammy L (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) ECISD
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julian, Deborah	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Midland, TX 79710	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Anderson Homes
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNEDY, Christy	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79765	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelm, Donna (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 23/45 Rpt: 26/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimbrell, Pam (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, RHONDA	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACY, RHONDA	Amount of Contribution (\$) \$31.02
	Contributor address; City; State; Zip Code  MIDLAND, TX 79705	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARSON, MACKENZIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) ASSOCIATE		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEONARD, VALARIE	Amount of Contribution (\$) \$95.25
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) CONTROLLER		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 24/45 Rpt: 27/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, RONNIE ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	<b>7</b> Amount of Contribution (\$) \$77.77
<b>8</b> Principal occupation / Job title (See Instructions) RANCHER		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, RONNIE ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$93.35
Principal occupation / Job title (See Instructions) RANCHER		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, TRYON (Mr.) ..... Contributor address; City; State; Zip Code  ODESSA, TX 79763	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Law Firm Partner
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOGAN, BECKY HEALD ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landgraf, John (Mr.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79761-3429	Amount of Contribution (\$) \$95.25
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/45 Rpt: 28/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewallen, David	<b>7</b> Amount of Contribution (\$) \$38.54
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Trudy (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79763	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lively, Melanie	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Administrator Medical Practice		Employer (See Instructions) Dr Charles Lively
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARTEL, ANITA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  ODESSA, TX 79761	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 08/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYLONE, SAVANNAH	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  MIDLAND, TX 79707	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 26/45 Rpt: 29/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAYLONE, SAVANNAH ..... <b>6</b> Contributor address; City; State; Zip Code  MIDLAND, TX 79707	<b>7</b> Amount of Contribution (\$) \$31.55
<b>8</b> Principal occupation / Job title (See Instructions) TEACHER		<b>9</b> Employer (See Instructions)
Date 08/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOBLEY, TINA ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOBLEY, TINA ..... Contributor address; City; State; Zip Code  ODESSA, TX 79762	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTES, JESSICA ..... Contributor address; City; State; Zip Code  ODESSA, TX 79765	Amount of Contribution (\$) \$63.40
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTES, JESSICA ..... Contributor address; City; State; Zip Code  ODESSA, TX 79765	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 27/45 Rpt: 30/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTES, JESSICA ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79765	<b>7</b> Amount of Contribution (\$) \$31.55
<b>8</b> Principal occupation / Job title (See Instructions) OFFICE MANAGER		<b>9</b> Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MONTES, JESSICA ..... Contributor address; City; State; Zip Code  ODESSA, TX 79765	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) OFFICE MANAGER		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malliat, Dave ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mauldin, Monica ..... Contributor address; City; State; Zip Code  Midland, TX 79706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Diann (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$63.40
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/45 Rpt: 31/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Diann (Mrs.)	<b>7</b> Amount of Contribution (\$) \$63.40
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeese, Deneisa	Amount of Contribution (\$) \$77.77
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Odessa Housing Authorities
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/45 Rpt: 32/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	<b>7</b> Amount of Contribution (\$) \$62.19
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Odessa Housing FINANCE
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$30.73
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Odessa Housing FINANCE

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/45 Rpt: 33/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jill (Mrs.)	<b>7</b> Amount of Contribution (\$) \$33.96
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Director		<b>9</b> Employer (See Instructions) Odessa Housing FINANCE
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mock, Sandra	Amount of Contribution (\$) \$38.81
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mock, Sandra	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nabarrette, Jaye (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Administrative Asst.		Employer (See Instructions) Wood Foundation
Date 08/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nall, Vicki	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
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: 31/45 Rpt: 34/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naverrette, Guadalupe	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79766	
<b>8</b> Principal occupation / Job title (See Instructions) Ector County District Clerk		<b>9</b> Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Naverrette, Guadalupe	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79766	
Principal occupation / Job title (See Instructions) Ector County District Clerk		Employer (See Instructions)
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$31.02
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/45 Rpt: 35/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Brenda (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, William (Mr.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, William (Mr.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyborg, William (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79765	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 33/45 Rpt: 36/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peden, Deanna	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Richard (Mr.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Service Master
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Richard (Mr.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Service Master
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Richard (Mr.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Plumber		Employer (See Instructions) Service Master
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Candy (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) MCH

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 34/45 Rpt: 37/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powell, Candy (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) Registered Nurse		<b>9</b> Employer (See Instructions) MCH
Date 08/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Provance, Robin (Ms.)	Amount of Contribution (\$) \$36.53
	Contributor address; City; State; Zip Code  Odessa, TX 79763	
Principal occupation / Job title (See Instructions) HR Director		Employer (See Instructions) Oil Services
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY, ANNETTE	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY, ANNETTE	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  ODESSA, TX 79762	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REYES, ELFREDA (Mrs.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79761	
Principal occupation / Job title (See Instructions) SELF-EMPLOYED		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/45 Rpt: 38/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RHODES, TOMMY ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	<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 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayny, Hagan ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Betsy (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79762	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Metal Specialties Inc
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riley, Nancy (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79761	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.) ..... Contributor address; City; State; Zip Code  Odessa, TX 79765	Amount of Contribution (\$) \$31.55
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Business Owner

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/45 Rpt: 39/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 09/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.)	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Office Manager		<b>9</b> Employer (See Instructions) Business Owner
<b>Date</b> 11/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.)	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Office Manager		<b>Employer (See Instructions)</b> Business Owner
<b>Date</b> 09/11/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Edith (Mrs.)	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Office Manager		<b>Employer (See Instructions)</b> Business Owner
<b>Date</b> 08/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHUSTER, JENNIFER	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  MAPLE GROVE, MN 55369	
<b>Principal occupation / Job title (See Instructions)</b> MANAGER		<b>Employer (See Instructions)</b>
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SCOTT, LAURIE	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> RETIRED		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 37/45 Rpt: 40/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MARY ..... <b>6</b> Contributor address; City; State; Zip Code  ODESSA, TX 79762	<b>7</b> Amount of Contribution (\$) \$31.55
	<b>8</b> Principal occupation / Job title (See Instructions) RETIRED	
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MARY ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 08/20/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MARY ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, MARY ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Principal occupation / Job title (See Instructions)</b> RETIRED	
<b>Date</b> 08/18/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) SPRADLEY, MARGARET ..... <b>Contributor address; City; State; Zip Code</b>  ODESSA, TX 79762	<b>Amount of Contribution (\$)</b> \$63.40
	<b>Principal occupation / Job title (See Instructions)</b> 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: 38/45 Rpt: 41/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.)	<b>7</b> Amount of Contribution (\$) \$63.40
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/16/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.)	<b>Amount of Contribution (\$)</b> \$63.40
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 10/14/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.)	<b>Amount of Contribution (\$)</b> \$63.40
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.)	<b>Amount of Contribution (\$)</b> \$63.40
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Seglem, Marian (Ms.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 39/45 Rpt: 42/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 07/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Jeraldine	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79706	
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisnega, Lucy	Amount of Contribution (\$) \$36.53
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Commercial Real Estate
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sisneiga, Lucy (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) Commercial Real Estate		Employer (See Instructions) Real Estate Co
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slape, Shari (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Hughes Hot Shot Oilfield Srv.
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slape, Shari (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Odessa, TX 79764	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Hughes Hot Shot Oilfield Srv.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 40/45 Rpt: 43/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoot, Jonna (Miss)	<b>7</b> Amount of Contribution (\$) \$36.53
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Marketing Director		<b>9</b> Employer (See Instructions) West TX National Bank
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Marilyn (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79763	
Principal occupation / Job title (See Instructions) Payroll/Collections		Employer (See Instructions) Hughes Hot Shot Oilfield Srv.
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, V.J. (Mr.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79763	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solley, Kole	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Jill	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland, TX 79705	
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: 41/45 Rpt: 44/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Kevin	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Midland, TX 79705	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner/Politician		<b>9</b> Employer (See Instructions)
<b>Date</b> 12/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Jim	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Talley, Dawnna	<b>Amount of Contribution (\$)</b> \$1.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Teacher		<b>Employer (See Instructions)</b> Ector Co ISD
<b>Date</b> 08/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Carol	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>Date</b> 11/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Carol	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79765	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 42/45 Rpt: 45/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Melissa	<b>7</b> Amount of Contribution (\$) \$63.40
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	
<b>8</b> Principal occupation / Job title (See Instructions) Justice of the Peace		<b>9</b> Employer (See Instructions)
<b>Date</b> 09/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Melissa	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Justice of the Peace		<b>Employer (See Instructions)</b>
<b>Date</b> 12/04/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Melissa	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79761	
<b>Principal occupation / Job title (See Instructions)</b> Justice of the Peace		<b>Employer (See Instructions)</b>
<b>Date</b> 08/07/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Welling, Tonny	<b>Amount of Contribution (\$)</b> \$31.55
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79760	
<b>Principal occupation / Job title (See Instructions)</b> Sales		<b>Employer (See Instructions)</b>
<b>Date</b> 12/15/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Donal (Mr.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  Odessa, TX 79762	
<b>Principal occupation / Job title (See Instructions)</b> retired		<b>Employer (See Instructions)</b>

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 43/45 Rpt: 46/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kortney (Mrs.)	<b>7</b> Amount of Contribution (\$) \$38.54
	<b>6</b> Contributor address; City; State; Zip Code  odessa, TX 79765	
<b>8</b> Principal occupation / Job title (See Instructions) Housewife		<b>9</b> Employer (See Instructions)
Date 08/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Kortney (Mrs.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  odessa, TX 79765	
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.)	Amount of Contribution (\$) \$63.40
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.)	Amount of Contribution (\$) \$31.55
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
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: 44/45 Rpt: 47/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Paula (Ms.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79762	
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Ed	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Odessa, TX 79762	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Jim (Mr.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Kathryn (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kathleen (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Midland, TX 79707	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) self employed

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 45/45 Rpt: 48/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> Date 08/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) clark, christopher (Mr.) ..... <b>6</b> Contributor address; City; State; Zip Code  Odessa, TX 79761	<b>7</b> Amount of Contribution (\$) \$36.53
<b>8</b> Principal occupation / Job title (See Instructions) Judge		<b>9</b> Employer (See Instructions) Ector County District Court

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

<b>The Instruction Guide explains how to complete this form.</b>			
<b>2 FILER NAME</b> Ector County Republican Women's Club			
<b>4 TOTAL OF UNITEMIZED PLEDGES</b> <b>\$</b> 0.00			
<b>5 Date</b>	<b>6 Full name of pledgor</b> ..... <b>7 Pledgor Address;</b> <b>City; State; Zip Code</b>	<b>8 Amount of pledge (\$)</b>	<b>9 In-kind description (If applicable)</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
<b>10 Principal occupation / Job title (See Instructions)</b>		<b>11 Employer (See Instructions)</b>	

**LOANS****SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 50/60
<b>2</b> FILER NAME Ector County Republican Women's Club		<b>3</b> Filer ID (Ethics Commission Filers) 00016322
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor ..... <b>18</b> Guarantor address; City; State; Zip Code	<b>19</b> Amount Guaranteed (\$)
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/17/2025	5 Payee name A-1 Sign Engravers INC	
6 Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P O Box 2641 Midland, TX 79702	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) TFRW AWARD
Date 09/09/2025	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Website Management	(b) Description (See instructions regarding type of information required.) Website Management
Date 07/01/2025	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT
Date 08/01/2025	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT

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

**SCHEDULE I**

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

1 Total pages Schedule I: Sch: 2/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/01/2025	5 Payee name Armic Systems	
6 Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3405 Clearmont Ave  Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT
Date 10/01/2025	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT
Date 11/01/2025	Payee name Armic Systems	
Amount (\$) 129.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3405 Clearmont Ave  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) WEBSITE MANAGEMENT
Date 11/19/2025	Payee name Calloway, Judy (Mrs.)	
Amount (\$) 195.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1305 Bonham  odessa, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NFRW Convention	(b) Description (See instructions regarding type of information required.) NFRW Convention

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/01/2025	5 Payee name Hays, Debi (Mrs.)	
6 Amount (\$) 195.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 9205 Bedford  Odessa, TX 79764	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NFRW CONVENTION	(b) Description (See instructions regarding type of information required.) NFRW CONVENTION
Date 11/18/2025	Payee name Homemade Wines	
Amount (\$) 809.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1541 JBS PARKWAY  ODESSA, TX 79761	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) PATRON DEVELOPMENT
Date 10/22/2025	Payee name Kelm, Donna (Mrs.)	
Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 25 Kingsland Court  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) NFRW Convention	(b) Description (See instructions regarding type of information required.) NFRW Convention
Date 08/25/2025	Payee name MCM Elegante	
Amount (\$) 2,175.80 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Food /Beverage

**NON-POLITICAL EXPENDITURES  
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**SCHEDULE I**

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

1 Total pages Schedule I: Sch: 4/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 11/18/2025	5 Payee name MCM Elegante	
6 Amount (\$) 1,159.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5200 E. University  Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MONTHLY LUNCHEONS
Date 11/24/2025	Payee name MCM Elegante	
Amount (\$) 1,426.92 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MONTHLY LUNCHEONS
Date 10/03/2025	Payee name MCM Elegante	
Amount (\$) 1,700.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MONTHLY LUNCHEONS
Date 10/21/2025	Payee name MCM Elegante	
Amount (\$) 1,728.21 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5200 E. University  Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) MONTHLY LUNCHEONS

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 5/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 12/05/2025	5 Payee name Marah Rhoads	
6 Amount (\$) 650.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3801 N Dixie Odessa, TX 79762	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Marah Rhoads
Date 07/21/2025	Payee name Quickbooks/Intuit Inc	
Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 08/21/2025	Payee name Quickbooks/Intuit Inc	
Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 09/21/2025	Payee name Quickbooks/Intuit Inc	
Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 6/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/21/2025	5 Payee name Quickbooks/Intuit Inc	
6 Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 11/21/2025	Payee name Quickbooks/Intuit Inc	
Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 12/21/2025	Payee name Quickbooks/Intuit Inc	
Amount (\$) 79.95 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2700 Coast Ave  Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Quickbooks
Date 07/15/2025	Payee name Squareup.com	
Amount (\$) 148.64 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 14500 FAA Blvd Suite 100 Ft Worth, TX 76155	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) SQUARE FEES

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 09/17/2025	5 Payee name TFRW	
6 Amount (\$) 101.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) ABC Leadership	(b) Description (See instructions regarding type of information required.) ABC Leadership
Date 12/30/2025	Payee name TFRW	
Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) TFRW DUES
Date 12/30/2025	Payee name TFRW	
Amount (\$) 20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) TFRW ANNUAL FEE
Date 12/30/2025	Payee name TFRW	
Amount (\$) 3.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 US-183 J4, Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) TRANSACTION FEE

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 8/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 07/01/2025	5 Payee name Textedly App	
6 Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Textedly
Date 08/01/2025	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY
Date 08/19/2025	Payee name Textedly App	
Amount (\$) 31.92 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY
Date 09/01/2025	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY

**NON-POLITICAL EXPENDITURES  
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**SCHEDULE I**

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

1 Total pages Schedule I: Sch: 9/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 10/02/2025	5 Payee name Textedly App	
6 Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY
Date 11/03/2025	Payee name Textedly App	
Amount (\$) 1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY
Date 11/03/2025	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY
Date 12/01/2025	Payee name Textedly App	
Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 349 Fifth Ave New York, NY 10016	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) TEXTEDLY

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

**SCHEDULE I**

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

1 Total pages Schedule I: Sch: 10/10 Rpt:	2 FILER NAME Ector County Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016322
4 Date 07/11/2025	5 Payee name USPS	
6 Amount (\$) 382.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip East 52nd Street Odessa, TX 79768	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) POSTAGE STAMPS
Date 12/01/2025	Payee name University of Permian Basin	
Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4901 E. University Odessa, TX 79762	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) SCHOLARSHIP - LESLIE MORALES