

**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) 00087758	2 Total pages filed: 11		
3 COMMITTEE NAME Waller County Republican Women PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/10/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged			
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 764 Waller, TX 77484				
5 CAMPAIGN TREASURER NAME Mrs.	FIRST Michelle V.			MI	
	NICKNAME Lavin	LAST	SUFFIX		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1911 Key St Waller, TX 77484	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1911 Key St. Waller, TX 77484	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) 387-1030	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other	

GO TO PAGE 2

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

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Waller County Republican Women PAC		13 FILER ID (Ethics Commission Filers) 00087758
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,335.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,033.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,080.27
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<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 style="text-align: right;">_____ Mrs. Michelle V. Lavin _____ 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 11

17 COMMITTEE NAME Waller County Republican Women PAC	18 FILER ID (Ethics Commission Filers) 00087758
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 735.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 600.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,033.41	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/11
2 FILER NAME Waller County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00087758
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amsler, Connie	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Hempstead, TX 77445	
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birkelbach, Shannon	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Melissa	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) Land Agent		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodson, Victoria	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions)
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duhon, Trey	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/11
2 FILER NAME Waller County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00087758
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis	7 Amount of Contribution (\$) \$45.00
	6 Contributor address; City; State; Zip Code Flatonia, TX 78941	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kabir, Gail	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) farmer		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koenning, Gloria	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavin, Michelle	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavin, Steve	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Waller, TX 77484	
Principal occupation / Job title (See Instructions) driver		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/11
2 FILER NAME Waller County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00087758
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miranda, Adela	7 Amount of Contribution (\$) \$55.00
	6 Contributor address; City; State; Zip Code Hempstead , TX 77445	
8 Principal occupation / Job title (See Instructions) asst court coordinator		9 Employer (See Instructions)
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parham, R. Jeanette	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Post, Dani	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hempstead, TX 77445	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Lesha	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Hockley, TX 77447	
Principal occupation / Job title (See Instructions) Small business owner		Employer (See Instructions)
Date 08/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamens, Elsa	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code Brookshire, TX 77423	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 7/11</p>
<p>2 FILER NAME Waller County Republican Women PAC</p>		<p>3 Filer ID (Ethics Commission Filers) 00087758</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 12/31/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bennatte, Lois</p> <p>7 Contributor address; City; State; Zip Code Hempstead, TX 77445</p>	<p>8 Amount of contribution (\$) \$600.00</p> <p>9 In-kind contribution description Use of Office space Jul - Dec 2025</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) business owner</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 8/11	2 FILER NAME Waller County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00087758
4 Date 07/31/2025	5 Payee name First National Bank Bellville	
6 Amount (\$) \$8.00	7 Payee address; City; 100 E Main Bellville, TX 77418	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/29/2025	Payee name First National Bank Bellville	
Amount (\$) \$8.00	Payee address; City; 100 E Main Bellville, TX 77418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name First National Bank Bellville	
Amount (\$) \$8.00	Payee address; City; 100 E Main Bellville, TX 77418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense monthly fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 9/11	2 FILER NAME Waller County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00087758
4 Date 08/13/2025	5 Payee name Texas Federation of Republican Women	
6 Amount (\$) \$50.60	7 Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/15/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$25.30	Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/19/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 10/11	2 FILER NAME Waller County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00087758
4 Date 12/30/2025	5 Payee name Texas Federation of Republican Women	
6 Amount (\$) \$20.20	7 Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yearly Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name Texas Federation of Republican Women	
Amount (\$) \$303.60	Payee address; City; State; Zip Code 13740 N Hwy 183 Austin, TX 78750	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name United States Post Office	
Amount (\$) \$83.00	Payee address; City; State; Zip Code 40090 US 290 Bus Waller, TX 77484	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box fee 6 months
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 11/11	2 FILER NAME Waller County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00087758
4 Date 07/25/2025	5 Payee name WIX	
6 Amount (\$) \$376.71	7 Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014-1477	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/30/2025	Payee name Waller Chamber of Commerce	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 2313 Main St Ste 175 Waller, TX 77484	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held