

**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) 00054176	2 Total pages filed: 51		
3 COMMITTEE NAME Fayette County Republican Women		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  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 744  La Grange, TX 78945					
5 CAMPAIGN TREASURER NAME	MS / MRS / MR  Patricia Diane			FIRST MI	
	NICKNAME LAST  Petras	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);  7331 Mueller Rd.  La Grange, TX 78945	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX;  7331 Mueller Rd.  La Grange, TX 78945	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (409) 782-0879	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	Month Day Year ELECTION DATE	<input type="checkbox"/> Primary  <input type="checkbox"/> General	<input type="checkbox"/> Runoff  <input type="checkbox"/> Special	ELECTION TYPE  <input type="checkbox"/> Other	

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Fayette County Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00054176
<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)	\$ 9,484.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,013.82
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,246.12
<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 style="text-align: right;">_____ Patricia Diane Petras _____ 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 51

<b>17</b> COMMITTEE NAME Fayette County Republican Women	<b>18</b> Filer ID (Ethics Commission Filers) 00054176
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 9,484.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION \$	
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$	
9. <input type="checkbox"/> SCHEDULE E: LOANS \$	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 7,013.82	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$	
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/38 Rpt: 4/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/28/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altwein, Glenn (Mr.)	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altwein, Glenn (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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#: _____) Appelt, Barbara (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appelt, Barbara (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appelt, Barbara (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/38 Rpt: 5/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Adrienne	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Carmela (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Carmela (Mrs.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Carmela (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Dan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Fayetteville, FL 78940	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/38 Rpt: 6/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Dan	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Fayetteville, FL 78940	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atwood, Dan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Fayetteville, FL 78940	
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#: _____) Atwood, Dan	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Fayetteville, FL 78940	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres , Tom	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Donna	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Carmine, TX 78932	
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: 4/38 Rpt: 7/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benbenek, Pam	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Self employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benbenek, Pam	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benbenek, Pam	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernsen, Brianne (Mrs.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Plum, TX 78952	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernsen, William (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Plum, TX 78945	
Principal occupation / Job title (See Instructions) Surveyor		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/38 Rpt: 8/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodenhamer, Terri	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	
<b>8</b> Principal occupation / Job title (See Instructions) Sales		<b>9</b> Employer (See Instructions) Self employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourlon, Carole (Mrs.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourlon, Carole (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bourlon, Carole (Mrs.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Steve	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Pastor		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: 6/38 Rpt: 9/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Steve	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Pastor		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Steve	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Steve	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisgill, Peggy (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brisgill, Peggy (Mrs.)	Amount of Contribution (\$) \$280.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/38 Rpt: 10/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumback, Ellen	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumback, Ellen	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumback, Ellen	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumback, Wayne (Mr.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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#: _____) Bullard, Kathryn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/38 Rpt: 11/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Billie (Mrs.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Billie (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Al	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 9/38 Rpt: 12/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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#: _____) Dernehl, Ken (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/38 Rpt: 13/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.)	Amount of Contribution (\$) \$224.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Darryl (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/38 Rpt: 14/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dippel, Darryl (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/38 Rpt: 15/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$164.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eguizabal, Debra (Mrs.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/38 Rpt: 16/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Suzanne (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Roundtop, TX 78954	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eppers, Dawn  Contributor address; City; State; Zip Code  Bryan, TX 77803	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eppers, Dawn  Contributor address; City; State; Zip Code  Bryan, TX 77803	Amount of Contribution (\$) \$82.00
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#: _____) Fietsam, Brenda (Mrs.)  Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions) Fayette County
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Christyna  Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$) \$20.00
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: 14/38 Rpt: 17/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forestier, Frank (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forestier, Frank (Mr.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forestier, Frank (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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#: _____) Frank, Deborah (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 15/38 Rpt: 18/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah (Mrs.)	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<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#: _____) Gatlin, Linda (Mrs.)	Amount of Contribution (\$) \$142.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 16/38 Rpt: 19/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Kathryn (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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#: _____) Geesaman, Kathryn (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Kathryn (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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: 17/38 Rpt: 20/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Kathryn (Mrs.)	<b>7</b> Amount of Contribution (\$) \$123.00
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Kathryn (Mrs.)	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harker, Jackie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatley, Chris	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Brenham, TX 77833	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Jacquelyn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 18/38 Rpt: 21/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/21/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Jacquelyn (Ms.)	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, Jacquelyn (Ms.)	Amount of Contribution (\$) \$123.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Terri	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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#: _____) Hefner, Terri	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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#: _____) Hefner, Terri	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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: 19/38 Rpt: 22/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Terri	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Terri	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefner, Terri	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgs, LeMae (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78606	
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Self Employed
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Sandra	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 20/38 Rpt: 23/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Sandra	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Sandra	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Joe	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Joe	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jameson, Joe	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 21/38 Rpt: 24/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joost, Darryl	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  West Point, TX 78963	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joost, Glenda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  West Point, TX 78963	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joost, Glenda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  West Point, TX 78963	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joost, Glenda	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  West Point, TX 78963	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joost, Glenda	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  West Point, TX 78963	
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: 22/38 Rpt: 25/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/30/2025	<b>5</b> Full name of contributor Kolkhorst, Lois (Sen.)	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77834	
<b>8</b> Principal occupation / Job title (See Instructions) District 18 Senator		<b>9</b> Employer (See Instructions) State of Texas
Date 12/10/2025	Full name of contributor Laguarta, Julie	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor Laguarta, Julie	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor Laguarta, Julio	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor Laguarta, Julio	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 23/38 Rpt: 26/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laguarta, Julio	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leidy, Kaye	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Cedar Creek, TX 78612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Shirley	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 24/38 Rpt: 27/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARROU, SARAH (Mrs.)	<b>7</b> Amount of Contribution (\$) \$122.00
	<b>6</b> Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARROU, SARAH (Ms.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Marilyn	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Ledbetter, TX 78946	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Marilyn	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Ledbetter, TX 78946	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, DONALD (Mr.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 25/38 Rpt: 28/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, DONALD (Mr.)	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Business Owner		<b>9</b> Employer (See Instructions) Self
<b>Date</b> 11/12/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, Marciel (Mrs.)	<b>Amount of Contribution (\$)</b> \$100.00
	<b>Contributor address; City; State; Zip Code</b>  La Grange, TX 78945	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, Marciel (Mrs.)	<b>Amount of Contribution (\$)</b> \$40.00
	<b>Contributor address; City; State; Zip Code</b>  La Grange, TX 78945	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Mary K	<b>Amount of Contribution (\$)</b> \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Brenham, TX 77833	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Retired
<b>Date</b> 12/01/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Susan (Mrs.)	<b>Amount of Contribution (\$)</b> \$41.00
	<b>Contributor address; City; State; Zip Code</b>  Flatonia, TX 78941	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (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: 26/38 Rpt: 29/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreau, Craig (Mr.)	<b>7</b> Amount of Contribution (\$) \$151.00
	<b>6</b> Contributor address; City; State; Zip Code  Round Top, TX 78954	
<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#: _____) Musick, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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#: _____) Musick, Lisa	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Lisa	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Musick, Lisa	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Flatonia, TX 78941	
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: 27/38 Rpt: 30/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Jeanne	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Jeanne	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 28/38 Rpt: 31/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Plant Controller		Employer (See Instructions) Arkema
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Plant Controller		Employer (See Instructions) Arkema
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	Amount of Contribution (\$) \$82.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Plant Controller		Employer (See Instructions) Arkema

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 29/38 Rpt: 32/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Plant Controller		<b>9</b> Employer (See Instructions) Arkema
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Plant Controller		Employer (See Instructions) Arkema
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Diane (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Plant Controller		Employer (See Instructions) Arkema
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petras, Michael (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Brenda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 30/38 Rpt: 33/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Brenda ..... <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions) Retired	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Brenda ..... Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Retired	
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Brenda ..... Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$) \$41.00
	Principal occupation / Job title (See Instructions) Retired	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodibaugh, Cindy (Mrs.) ..... Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Retired	
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodibaugh, Cindy (Mrs.) ..... Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Retired	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 31/38 Rpt: 34/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodibaugh, Cindy (Mrs.)	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Kimberley (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutledge, Kimberley (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacco, Connie (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacco, Connie (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 32/38 Rpt: 35/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sacco, Connie (Mrs.)	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Jean	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Jean	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Barbara	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
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: 33/38 Rpt: 36/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segan, Carl	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alison	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alison	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alison	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alison	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 34/38 Rpt: 37/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Alison	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Doug	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Cindy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Cindy	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
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#: _____) Simpson, Cindy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 35/38 Rpt: 38/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Cindy	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Cindy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, James	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, James	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
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#: _____) Simpson, James	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 36/38 Rpt: 39/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor Simpson, James	<b>7</b> Amount of Contribution (\$) \$41.00
	<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor Simpson, James	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor Sullivan, Lorie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Carmine, TX 78932	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/10/2025	Full name of contributor TOLBERT, SHERRIE (Ms.)	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  FAYETTEVILLE, TX 78940	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 11/12/2025	Full name of contributor Taylor, Glenda	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  La Grange, TX 78945	
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: 37/38 Rpt: 40/51
<b>2</b> FILER NAME Fayette County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, LaMorris (Mrs.)	<b>7</b> Amount of Contribution (\$) \$122.00
	<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, LaMorris (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy	Amount of Contribution (\$) \$41.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Schulenberg, TX 78956	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self

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

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 38/38 Rpt: 41/51
<b>2</b> FILER NAME Fayette County Republican Women			<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor Wingo, Cindy	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Schulenberg, TX 78956		
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Self	
<b>Date</b> 12/30/2025	<b>Full name of contributor</b> Wunderlich, Sharon (Mrs.)	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>Amount of Contribution (\$)</b> \$60.00
	<b>Contributor address; City; State; Zip Code</b>  Fayetteville, TX 78940		
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Round Top State Bank	

# 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: 1/10 Rpt: 42/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 07/01/2025	5 Payee name Club Express	
6 Amount (\$) \$45.26	7 Payee address; City; 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly hosting fees 43.26 +Text Msg fees 2.00
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 08/01/2025	Payee name Club Express	Office held
Amount (\$) \$46.10	Payee address; City; 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Hosting fees \$44.10+ Text Messaging \$2.00
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 09/02/2025	Payee name Club Express	Office held
Amount (\$) \$46.10	Payee address; City; 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Hosting Fees \$44.10+Text Messaging \$2.00
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 43/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 10/01/2025	5 Payee name Club Express	
6 Amount (\$) \$46.10	7 Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Hosting Fees \$44.10+Text Messaging \$2.00
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Club Express	
Amount (\$) \$1.86	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texting fees September, 2025
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/03/2025	Payee name Club Express	
Amount (\$) \$46.10	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Hosting Fees \$44.10+Text Messaging \$2.00
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: 3/10 Rpt: 44/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 11/13/2025	5 Payee name Club Express	
6 Amount (\$) \$1.83	7 Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging Fees October, 2025
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/01/2025	Payee name Club Express	
Amount (\$) \$46.94	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Hosting fees \$44.94+Text Messaging \$2.00
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Club Express	
Amount (\$) \$1.11	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging for November, 2025
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: 4/10 Rpt: 45/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 10/31/2025	5 Payee name Club Express	
6 Amount (\$) \$16.37	7 Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees withheld from Deposit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/10/2025	Payee name Club Express	
Amount (\$) \$6.69	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees withheld from deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/21/2025	Payee name Club Express	
Amount (\$) \$6.24	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees withheld from Deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 46/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 11/28/2025	5 Payee name Club Express	
6 Amount (\$) \$16.86	7 Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<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 Processing Fees withheld from Deposit
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/10/2025	Payee name Club Express	
Amount (\$) \$58.80	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<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 Processing fees withheld from deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2025	Payee name Club Express	
Amount (\$) \$0.93	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<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 Processing fees withheld from deposit
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 47/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 07/12/2025	5 Payee name Frank, Deborah (Mrs.)	
6 Amount (\$) \$31.60	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2nd Qtr Newsletter printing costs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/09/2025	Payee name Frank, Deborah (Mrs.)	
Amount (\$) \$53.70	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for printing expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/17/2025	Payee name Frisch Auf Valley Country Club	
Amount (\$) \$587.42	Payee address; City; State; Zip Code  575 Country Club Drive  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon reimbursed by members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 48/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 10/15/2025	5 Payee name Frisch Auf Valley Country Club	
6 Amount (\$) \$378.98	7 Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon reimbursed by members
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/19/2025	Payee name Frisch Auf Valley Country Club	
Amount (\$) \$397.93	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon reimbursement by members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/06/2025	Payee name Frisch Auf Valley Country Club	
Amount (\$) \$2,798.20	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Dinner reimbursed by members
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 49/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 10/08/2025	5 Payee name Jimmy Blacklock Campaign	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P O Box 1588  Austin, TX 78767	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Donation for 2026 Election
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/28/2025	Payee name TFRW	
Amount (\$) \$100.00	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<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 Dues Submission #3
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/30/2025	Payee name TFRW	
Amount (\$) \$1,045.00	Payee address; City; State; Zip Code P O Box 171146  Austin, TX 78717	
<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 2026 Membership Dues Submission #1
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 50/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 09/18/2025	5 Payee name Texans for Strong Borders	
6 Amount (\$) \$189.00	7 Payee address; City; State; Zip Code P O Box 178  Seabrook, TX 77586	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker mileage expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/08/2025	Payee name Texans for Strong Borders	
Amount (\$) \$250.00	Payee address; City; State; Zip Code P O Box 178  Seabrook, TX 77586	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/20/2025	Payee name White, Nancy (Mrs.)	
Amount (\$) \$158.20	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Canton, TX 75103	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker mileage 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: 10/10 Rpt: 51/51	2 FILER NAME Fayette County Republican Women	3 Filer ID (Ethics Commission Filers) 00054176
4 Date 09/17/2025	5 Payee name Wingo, Cindy (Ms.)	
6 Amount (\$) \$90.00	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Schulenburg, TX 78956	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for purchase of Ten Commandment Posters for Schools
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wingo, Cindy (Ms.)	Office sought Office held
Date 09/17/2025	Payee name Wingo, Cindy (Ms.)	
Amount (\$) \$46.50	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Schulenburg, TX 78956	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for copy expenses
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wingo, Cindy (Ms.)	Office sought Office held