

# 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			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/14/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 744  La Grange, TX 78945		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Patricia Diane NICKNAME LAST SUFFIX Petras		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7331 Mueller Rd.  La Grange, TX 78945		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7331 Mueller Rd.  La Grange, TX 78945		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 782-0879		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 07/01/2025 THROUGH Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Fayette County Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00054176
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <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
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,013.82
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 14,246.12
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

## 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Patricia Diane Petras

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 51

<b>17 COMMITTEE NAME</b> Fayette County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00054176
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$41.00
<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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#: _____) Appelt, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$50.00
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.) <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <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		<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.) <hr/> Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	Amount of Contribution (\$)  \$82.00
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.) <hr/> Contributor address; City; State; Zip Code  Fayetteville, TX 78940-5247	Amount of Contribution (\$)  \$200.00
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 <hr/> Contributor address; City; State; Zip Code  Fayetteville, FL 78940	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Fayetteville, FL 78940	<b>7</b> Amount of Contribution (\$)  \$20.00
<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 Contributor address; City; State; Zip Code  Fayetteville, FL 78940	Amount of Contribution (\$)  \$20.00
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#: _____) Atwood, Dan Contributor address; City; State; Zip Code  Fayetteville, FL 78940	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Carmine, TX 78932	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <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) 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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  Plum, TX 78952	Amount of Contribution (\$)  \$41.00
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.) <hr/> Contributor address; City; State; Zip Code  Plum, TX 78945	Amount of Contribution (\$)  \$41.00
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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Porte, TX 77571	<b>7</b> Amount of Contribution (\$)  \$20.00
<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$25.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$82.00
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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	<b>7</b> Amount of Contribution (\$)  \$20.00
<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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$41.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$280.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <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		<b>9</b> Employer (See Instructions)
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumback, Ellen <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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#: _____) Bullard, Kathryn <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <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		<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>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		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chorens, Cathy Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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#: _____) Dernehl, Ken (Mr.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$100.00
<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dernehl, Rita (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$224.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <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		<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$200.00
<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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$164.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$100.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Roundtop, TX 78954	<b>7</b> Amount of Contribution (\$)  \$100.00
<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>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$20.00
<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.) Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$82.00
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.) Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$50.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah (Mrs.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$41.00
<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$142.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	<b>7</b> Amount of Contribution (\$)  \$20.00
<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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	<b>7</b> Amount of Contribution (\$)  \$123.00
<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.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$150.00
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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$40.00
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 <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833	Amount of Contribution (\$)  \$41.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$40.00
<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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$123.00
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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	<b>7</b> Amount of Contribution (\$)  \$50.00
<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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  Schulenberg, TX 78606	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$50.00
<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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	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#: _____) Jameson, Joe <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$82.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  West Point, TX 78963	<b>7</b> Amount of Contribution (\$)  \$50.00
<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 <hr/> Contributor address; City; State; Zip Code  West Point, TX 78963	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  West Point, TX 78963	Amount of Contribution (\$)  \$50.00
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 <hr/> Contributor address; City; State; Zip Code  West Point, TX 78963	Amount of Contribution (\$)  \$41.00
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 <hr/> Contributor address; City; State; Zip Code  West Point, TX 78963	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 22/38 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolkhorst, Lois (Sen.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Brenham, TX 77834	<b>7</b> Amount of Contribution (\$)  \$41.00
<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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Laguarta, Julie <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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#: _____) Laguarta, Julie <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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#: _____) Laguarta, Julio <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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#: _____) Laguarta, Julio <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code La Grange, TX 78945	<b>7</b> Amount of Contribution (\$) \$41.00
<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 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$20.00
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 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$20.00
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 Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$41.00
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 Contributor address; City; State; Zip Code La Grange, TX 78945	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	<b>7</b> Amount of Contribution (\$)  \$122.00
<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.) <hr/> Contributor address; City; State; Zip Code  LA GRANGE, TX 78945	Amount of Contribution (\$)  \$200.00
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 <hr/> Contributor address; City; State; Zip Code  Ledbetter, TX 78946	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  Ledbetter, TX 78946	Amount of Contribution (\$)  \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, DONALD (Mr.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$82.00
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.) <hr/> <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) Business Owner		<b>9</b> Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschmeyer, Marciel (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$100.00
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#: _____) Maschmeyer, Marciel (Mrs.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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#: _____) Maxwell, Mary K <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77833	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Round Top, TX 78954	<b>7</b> Amount of Contribution (\$)  \$151.00
<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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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#: _____) Musick, Lisa Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$41.00
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 Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>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		<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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$200.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Patsy (Mrs.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$82.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$82.00
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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$40.00
<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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$200.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <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		<b>9</b> Employer (See Instructions)
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Brenda <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$100.00
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#: _____) Powers, Brenda <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
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#: _____) Rodibaugh, Cindy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$40.00
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#: _____) Rodibaugh, Cindy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Flatonia, TX 78941	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Flatonia, TX 78941	<b>7</b> Amount of Contribution (\$)  \$41.00
<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.) <hr/> Contributor address; City; State; Zip Code  Smithville, TX 78957	Amount of Contribution (\$)  \$40.00
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.) <hr/> Contributor address; City; State; Zip Code  Smithville, TX 78957	Amount of Contribution (\$)  \$100.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
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.) <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$40.00
<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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$40.00
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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Elgin, TX 78621	<b>7</b> Amount of Contribution (\$)  \$20.00
<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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$40.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$200.00
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 Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$41.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <hr/> <b>6</b> Contributor address; City; State; Zip Code  La Grange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$41.00
<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 <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
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 <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
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 <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$50.00
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#: _____) Simpson, Cindy <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$41.00
<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 Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$40.00
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 Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
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 Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$50.00
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#: _____) Simpson, James Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$41.00
<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, James <hr/> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$20.00
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#: _____) Sullivan, Lorie <hr/> Contributor address; City; State; Zip Code  Carmine, TX 78932	Amount of Contribution (\$)  \$20.00
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#: _____) TOLBERT, SHERRIE (Ms.) <hr/> Contributor address; City; State; Zip Code  FAYETTEVILLE, TX 78940	Amount of Contribution (\$)  \$41.00
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#: _____) Taylor, Glenda <hr/> Contributor address; City; State; Zip Code  La Grange, TX 78945	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$122.00
<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.) Contributor address; City; State; Zip Code  Schulenburg, TX 78956	Amount of Contribution (\$)  \$100.00
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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$40.00
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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$41.00
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 Contributor address; City; State; Zip Code  Schulenberg, TX 78956	Amount of Contribution (\$)  \$20.00
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Wingo, Cindy <b>6</b> Contributor address; City; State; Zip Code  Schulenberg, TX 78956	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) Self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wunderlich, Sharon (Mrs.) Contributor address; City; State; Zip Code  Fayetteville, TX 78940	Amount of Contribution (\$)  \$60.00
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 42/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 07/01/2025	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$45.26  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/01/2025	Payee name Club Express	
Amount (\$) \$46.10  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/02/2025	Payee name Club Express	
Amount (\$) \$46.10  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/10 Rpt: 43/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Club Express	
<b>6</b> Amount (\$) \$46.10  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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 <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/10 Rpt: 44/51	<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> Payee name Club Express	
<b>6</b> Amount (\$) \$1.83  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$) \$46.94  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$) \$1.11  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 45/51	<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> Payee name Club Express	
<b>6</b> Amount (\$)  \$16.37  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$)  \$6.69  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$)  \$6.24  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 46/51	<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> Payee name Club Express	
<b>6</b> Amount (\$) \$16.86  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1051 Perimeter Dr Ste 250 Schaumburg, IL 60173	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$) \$58.80  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name Club Express		
Amount (\$) \$0.93  <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 47/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 07/12/2025	<b>5</b> Payee name Frank, Deborah (Mrs.)	
<b>6</b> Amount (\$) \$31.60  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> La Grange, TX 78945	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon reimbursed by members
Complete <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 48/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 10/15/2025	<b>5</b> Payee name Frisch Auf Valley Country Club	
<b>6</b> Amount (\$) \$378.98  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 575 Country Club Drive  La Grange, TX 78945	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/19/2025	Candidate/Officeholder name Frisch Auf Valley Country Club	
Amount (\$) \$397.93  <input type="checkbox"/> Expenditure from corporate funds	Office sought 575 Country Club Drive  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly luncheon reimbursement by members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/06/2025	Candidate/Officeholder name Frisch Auf Valley Country Club	
Amount (\$) \$2,798.20  <input type="checkbox"/> Expenditure from corporate funds	Office sought 575 Country Club Drive  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Christmas Dinner reimbursed by members
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 50/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
<b>4</b> Date 09/18/2025	<b>5</b> Payee name Texans for Strong Borders	
<b>6</b> Amount (\$) \$189.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P O Box 178  Seabrook, TX 77586	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</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
<b>9</b> Complete <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P O Box 178  Seabrook, TX 77586	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</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 <u>ONLY</u> 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  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Canton, TX 75103	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Travel Out of District	<b>(b)</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 <u>ONLY</u> 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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 51/51	<b>2</b> FILER NAME Fayette County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00054176
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<b>4</b> Date 09/17/2025	<b>5</b> Payee name Wingo, Cindy (Ms.)
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<b>6</b> Amount (\$) \$90.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Schulenburg, TX 78956
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/17/2025	Payee name Wingo, Cindy (Ms.)
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Amount (\$) \$46.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Schulenburg, TX 78956
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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