

# 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) 00055358	2 Total pages filed: 34	
3 COMMITTEE NAME Republican Women of Yoakum Area			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026 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 PO BOX 615  Yoakum, TX 77995			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Cynthia Marie NICKNAME LAST SUFFIX Day			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 497 CR 312  Shiner, TX 77984			
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 497 CR 312  Shiner, TX 77984			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 772-8306			
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 11/04/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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> Republican Women of Yoakum Area	<b>13 Filer ID</b> (Ethics Commission Filers) 00055358
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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	\$ 3,807.88
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,154.88
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 7,968.70
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 23,108.19
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.

Cynthia Marie Day

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 34

<b>17 COMMITTEE NAME</b> Republican Women of Yoakum Area		<b>18 Filer ID</b> (Ethics Commission Filers) 00055358
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 21,154.88
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 7,968.70
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,072.95
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: 1/15 Rpt: 4/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahrens, Leslie <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahrens, Leslie <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahrens, Leslie <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barre, John Paul <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retured		Employer (See Instructions) N/A
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergey, Sandra (Dr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Dentist		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: 2/15 Rpt: 5/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boedeker, Marvin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	<b>7</b> Amount of Contribution (\$)  \$400.00
<b>8</b> Principal occupation / Job title (See Instructions) business owner		<b>9</b> Employer (See Instructions)
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boehm, Ron (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Rick (Mr.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/15 Rpt: 6/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Sandra <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sweet Home, TX 77987-0101	<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) Chandler Drilling
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Sandra <hr/> Contributor address; City; State; Zip Code  Sweet Home, TX 77987-0101	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Chandler Drilling
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code  Sweet Home, TX 77987	Amount of Contribution (\$)  \$195.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions) Chandler Drilling
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cherry, Christina <hr/> Contributor address; City; State; Zip Code  yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) home caregiver		Employer (See Instructions) n/a
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cloud, Michael <hr/> Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) US Representative		Employer (See Instructions) Congress

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/15 Rpt: 7/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dahlberg, Alison Fox <b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	<b>7</b> Amount of Contribution (\$)  \$800.00
<b>8</b> Principal occupation / Job title (See Instructions) judge		<b>9</b> Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Marie Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Marie Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Marie Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 09/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Day, Marie Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/15 Rpt: 8/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt County Republican Party <hr/> <b>6</b> Contributor address; City; State; Zip Code  Nordheim, TX 78141	<b>7</b> Amount of Contribution (\$)  \$800.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dueck, Michael <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foster, James <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) JP1		Employer (See Instructions) Lavaca County
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Daryl L (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Dewitt Co
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foyt, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77965	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/15 Rpt: 9/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Hallie (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$800.00
<b>8</b> Principal occupation / Job title (See Instructions) Justice of the Peace Pct 4		<b>9</b> Employer (See Instructions) Lavaca County
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinsohn-Kropp, Holly <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$220.00
Principal occupation / Job title (See Instructions) college prof		Employer (See Instructions) n/a
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinsohn-Kropp, Holly <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) college prof		Employer (See Instructions) n/a
Date 07/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heinsohn-Kropp, Holly <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) college prof		Employer (See Instructions) n/a
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hermann, Clay <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/15 Rpt: 10/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Kelly <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yorktown, TX 78164	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) N/A
Date 09/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) James Teleco
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Cuero, TX 77954	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) James Teleco
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaspar, Jason <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) finance		Employer (See Instructions) self
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kolkhorst, Lois (Mrs.) <hr/> Contributor address; City; State; Zip Code  Brenham, TX 77834	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) State Representative		Employer (See Instructions) State OF Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/15 Rpt: 11/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuester, Roy (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77903	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauer, Suzy <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louderback, A. J. <hr/> Contributor address; City; State; Zip Code  Edna, TX 77957-3259	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) State Rep		Employer (See Instructions) TX Rep District 30
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNerney, Jackie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNerney, Jackie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/15 Rpt: 12/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/04/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Kim <b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904	<b>7</b> Amount of Contribution (\$)  \$80.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgenroth, Robert (Mr.) Contributor address; City; State; Zip Code  Victoria, TX 77902	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mundy, Amy Contributor address; City; State; Zip Code  Victoria, TX 77901	Amount of Contribution (\$)  \$75.00
Principal occupation / Job title (See Instructions) Exec Dir		Employer (See Instructions) Victoria College
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Fonda Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Fonda Contributor address; City; State; Zip Code  Hallettsville, TX 77964	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: 10/15 Rpt: 13/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Pat (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najvar, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code  Gonzales, TX 78629	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols, Patricia S <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$70.00
Principal occupation / Job title (See Instructions) former mayor		Employer (See Instructions) City of Yoakum, TX
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neill, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) P/T Treas.		Employer (See Instructions) Holy Cross Lutheran Ch.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/15 Rpt: 14/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Jaime Gish <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearce, Jaime Gish Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Annie (Ms.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Yoakum
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Annie (Ms.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Yoakum
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Annie (Ms.) Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Mayor		Employer (See Instructions) City of Yoakum

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/15 Rpt: 15/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruppert, Lindsay <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) JP1		<b>9</b> Employer (See Instructions) Dewitt County
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoolcraft, Alan <hr/> Contributor address; City; State; Zip Code  McQueeney, TX 78123	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions) state rep		Employer (See Instructions) TX Rep Dist 44
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Jeannie <hr/> Contributor address; City; State; Zip Code  Westhoff, TX 77994	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seidel, Jeannie <hr/> Contributor address; City; State; Zip Code  Westhoff, TX 77994	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Clarissa <hr/> Contributor address; City; State; Zip Code  Harlingen, TX 78553-0000	Amount of Contribution (\$)  \$800.00
Principal occupation / Job title (See Instructions) judge		Employer (See Instructions) 13th Ct of Appeals

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/15 Rpt: 16/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 08/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson-Draper, Cheryl (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sheridan, TX 77475	<b>7</b> Amount of Contribution (\$)  \$600.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trott, Cheryl (Mrs.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Slooten, Xoxhitl <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) LMC
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, John (Mr.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vickers, Vicki (Mrs.) <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$92.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/15 Rpt: 17/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Pam <hr/> <b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) self
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 08/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura <hr/> Contributor address; City; State; Zip Code  Yoakum, TX 77995	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 15/15 Rpt: 18/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Cheryl <hr/> <b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) N/A

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 19/34

2 FILER NAME

Republican Women of Yoakum Area

3 Filer ID (Ethics Commission Filers)  
00055358

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of  
pledge (\$)

9 In-kind description  
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 20/34
<b>2</b> FILER NAME Republican Women of Yoakum Area		<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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: 21/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/13/2025	<b>5</b> Payee name Axel Decorations	
<b>6</b> Amount (\$) \$621.63  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 310 Front St  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 50% table/chair covers--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/09/2025	Payee name Bright, Kevin	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 security--Taste of Victory
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Cherry, Christina	
Amount (\$) \$182.11  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 condiments--Taste of Victory
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: 22/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Payee name Cherry, Christina	
<b>6</b> Amount (\$) \$392.93  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Yoakum, TX 77995	
<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 reimb--Sept meeting meal
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/22/2025	Candidate/Officeholder name Cherry, Christina	
Amount (\$) \$243.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 reimb--meal monthly meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/06/2025	Candidate/Officeholder name Dewitt Poth & Son	
Amount (\$) \$16.24  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
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 update applications
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: 3/10 Rpt: 23/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/06/2025	<b>5</b> Payee name Dewitt Poth & Son	
<b>6</b> Amount (\$) \$81.19  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
<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 programs--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/29/2025	Candidate/Officeholder name Dewitt Poth & Son	
Amount (\$) \$25.30  <input type="checkbox"/> Expenditure from corporate funds	Office sought Dewitt Poth & Son	
Office held		
<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 cards-certificates--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name Dewitt Poth & Son	
Amount (\$) \$32.48  <input type="checkbox"/> Expenditure from corporate funds	Office sought Dewitt Poth & Son	
Office held		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 flyers--Taste of Victory
<b>9</b> 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: 24/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/09/2025	<b>5</b> Payee name Dewitt Poth & Son	
<b>6</b> Amount (\$) \$146.14  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 flyers--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2025	Payee name Gonzales Inquirer	
Amount (\$) \$152.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1777  Cedar Park, TX 78630	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 ad--Taste of Victory
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Hallettsville Tribune-Herald	
Amount (\$) \$81.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Drawer 427  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 ad--Taste of Victory
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: 5/10 Rpt: 25/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/27/2025	<b>5</b> Payee name Hodgepodge Fair Trade Market & Gathering Co	
<b>6</b> Amount (\$) \$277.65  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 400 N LaGrange  Hallettsville, TX 77964	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 mocktails--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Lira Rossa Artisan Cheese	
Amount (\$) \$600.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 784 CR 251  Moulton, TX 77975	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 cheese--Taste of Victory
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/09/2025	Candidate/Officeholder name Lone Star 854	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 210 CR 146  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 colorguard--Taste of Victory
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: 26/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/30/2025	<b>5</b> Payee name Moulton Eagle	
<b>6</b> Amount (\$) \$56.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 427  Hallettsville, TX 77964	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 ad--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Myers, Fonda		
Amount (\$) \$142.82  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 reimb--decorations--Taste of Victory
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Payee name Shiner Gazette		
Amount (\$) \$66.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 727  Shiner, TX 77984	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 ad--Taste of Victory
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: 7/10 Rpt: 27/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/02/2025	<b>5</b> Payee name Square, Inc.	
<b>6</b> Amount (\$) \$27.12  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 67 Fairbanks Ave  Irvine, CA 92618	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 % fee for deposits
<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 Wauson, Laura	
Amount (\$) \$44.36  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1698 FM 966  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 reimb--tasting cups--Taste of Victory
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name Wauson, Laura	
Amount (\$) \$78.99  <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> Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 reimb--silent auction item--Taste of Victory
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: 8/10 Rpt: 28/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 07/09/2025	<b>5</b> Payee name YK Deli & Smoothie	
<b>6</b> Amount (\$) \$315.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 210 Nelson St  Yoakum, TX 77995	
<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 meal--monthly meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/08/2025	Candidate/Officeholder name Yoakum Community Center	
Amount (\$) \$395.60  <input type="checkbox"/> Expenditure from corporate funds	Office sought 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 hall rental--monthly meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/04/2025	Candidate/Officeholder name Yoakum Community Center	
Amount (\$) \$2,433.20  <input type="checkbox"/> Expenditure from corporate funds	Office sought 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 hall rental--Taste of Victory
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: 29/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/10/2025	<b>5</b> Payee name Yoakum Community Center	
<b>6</b> Amount (\$) \$395.60  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event 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 hall rental--monthly meeting
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Yoakum Community Center		
Amount (\$) \$395.60  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--monthly rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/09/2025	Candidate/Officeholder name Office sought Office held	
Payee name Yoakum Community Center		
Amount (\$) \$393.20  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 105 Huck St  Yoakum, TX 77995	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--monthly meeting
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: 10/10 Rpt: 30/34	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 09/30/2025	<b>5</b> Payee name Yoakum Herald-Times	
<b>6</b> Amount (\$) \$71.40  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 798  Yoakum, TX 77995	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising 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 ad--Taste of Victory
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

<b>1</b> Total pages Schedule I: Sch: 1/4 Rpt:	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 11/07/2025	<b>5</b> Payee name Baker Boys BBQ	
<b>6</b> Amount (\$) 956.60 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 1404 N Sarah DeWitt Dr Gonzales, TX 78629	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) meal--constitutional essay
Date 11/12/2025	Payee name Cherry, Christina	
Amount (\$) 203.15 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 817 CR 435 Yoakum, TX 77995	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) reimb meal--constitutional essay
Date 11/12/2025	Payee name Eichhorn, Crystal	
Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 777 5 Mile Rd Cuero, TX 77954	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) teacher award--constitutional essay contest
Date 11/12/2025	Payee name Knox, Dalyn	
Amount (\$) 700.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 180 CR 277 Moulton, TX 77975	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 3rd place--constitutional essay contest

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

<b>1</b> Total pages Schedule I: Sch: 2/4 Rpt:	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 11/12/2025	<b>5</b> Payee name Morales, Sytlali	
<b>6</b> Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 521 CR 138 Cost, TX 78614	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 4th place--constitutional essay contest
Date 11/12/2025	Payee name Torres, Jacob	
Amount (\$) 1,400.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 802 Telwes Nordheim, TX 78141	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 1st place--constitutional essay contest
Date 10/09/2025	Payee name USPS	
Amount (\$) 88.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 112 Nelson St. Yoakum, TX 77995	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Fees	<b>(b)</b> Description (See instructions regarding type of information required.) annual fee PO box rental
Date 12/09/2025	Payee name Vickers, Vicki	
Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5359 CR 400 Yoakum, TX 77995	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) reimb tray Christmas event



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

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

<b>1</b> Total pages Schedule I: Sch: 3/4 Rpt:	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 11/12/2025	<b>5</b> Payee name Wagner, Shaylynn	
<b>6</b> Amount (\$)  900.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip PO Box 97  Nordheim, TX 78141	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 2nd place--constitutional essay contest
Date 11/12/2025	Payee name Yoakum Community Center	
Amount (\$)  365.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 105 Huck St  Yoakum, TX 77995	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) hall rental--constitutional essay
Date 12/01/2025	Payee name Yoakum Self Storage	
Amount (\$)  60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee
Date 11/01/2025	Payee name Yoakum Self Storage	
Amount (\$)  60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE I**

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 4/4 Rpt:	<b>2</b> FILER NAME Republican Women of Yoakum Area	<b>3</b> Filer ID (Ethics Commission Filers) 00055358
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Yoakum Self Storage	
<b>6</b> Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee
Date 09/01/2025	Payee name Yoakum Self Storage	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee
Date 08/01/2025	Payee name Yoakum Self Storage	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee
Date 07/01/2025	Payee name Yoakum Self Storage	
Amount (\$) 60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 300 River Bend Dr  Georgetown, TX 78628	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	<b>(b)</b> Description (See instructions regarding type of information required.) monthly storage fee