

**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		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/12/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # <input type="text"/> Amount <input type="text"/></p> <p>Date Processed</p> <p>Date Imaged</p>			
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 Cynthia Marie			MI	
	NICKNAME LAST Day	SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 497 CR 312  Shiner, TX 77984	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 497 CR 312  Shiner, TX 77984	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (361) 772-8306	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR)  <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025	<input type="checkbox"/> Primary  <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff  <input type="checkbox"/> Special	ELECTION TYPE <input type="checkbox"/> Other	

**GO TO PAGE 2**

**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
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 3,807.88
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,154.88
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 7,968.70
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,108.19
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <p style="text-align: right;">_____ Cynthia Marie Day _____ Signature of Campaign Treasurer</p>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

**SUBTOTALS - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 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	
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	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Cuero, TX 77954	
<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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Cuero, TX 77954	
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	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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#: _____) Berney, Sandra (Dr.)	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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#: _____) Boedecker, Marvin	<b>7</b> Amount of Contribution (\$) \$400.00
	<b>6</b> Contributor address; City; State; Zip Code  Shiner, TX 77984	
<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.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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.)	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Sweet Home, TX 77987-0101	
<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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Sweet Home, TX 77987-0101	
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.)	Amount of Contribution (\$) \$195.00
	Contributor address; City; State; Zip Code  Sweet Home, TX 77987	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  yoakum, TX 77995	
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	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Victoria, TX 77901	
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>7</b> Amount of Contribution (\$) \$800.00
	<b>6</b> Contributor address; City; State; Zip Code  Taylor, TX 76574	
<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	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	<b>7</b> Amount of Contribution (\$) \$800.00
	<b>6</b> Contributor address; City; State; Zip Code  Nordheim, TX 78141	
<b>8</b> Principal occupation / Job title (See Instructions) business owner		<b>9</b> Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dueck, Michael	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
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.)	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77965	
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.)	<b>7</b> Amount of Contribution (\$) \$800.00
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<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	Amount of Contribution (\$) \$220.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984	
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	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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 Hobbs, Kelly ..... <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 James, David (Mr.) ..... 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 James, David (Mr.) ..... 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 Kaspar, Jason ..... 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 Kolkhorst, Lois (Mrs.) ..... 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 Kuester, Roy (Mr.)	<input type="checkbox"/> out-of-state PAC (ID#: .....)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77903		
<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 Lauer, Suzy	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) N/A	
Date 10/04/2025	Full name of contributor Louderback, A. J.	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code  Edna, TX 77957-3259		
Principal occupation / Job title (See Instructions) State Rep		Employer (See Instructions) TX Rep District 30	
Date 10/03/2025	Full name of contributor McNerney, Jackie (Mrs.)	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 07/09/2025	Full name of contributor McNerney, Jackie (Mrs.)	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Shiner, TX 77984		
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 Moore, Kim	<b>7</b> Amount of Contribution (\$) \$80.00
	<b>6</b> Contributor address; City; State; Zip Code  Victoria, TX 77904	
<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 Morgenroth, Robert (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Victoria, TX 77902	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/04/2025	Full name of contributor Mundy, Amy	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Victoria, TX 77901	
Principal occupation / Job title (See Instructions) Exec Dir		Employer (See Instructions) Victoria College
Date 09/10/2025	Full name of contributor Myers, Fonda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/13/2025	Full name of contributor Myers, Fonda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
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.)	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
<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.)	Amount of Contribution (\$) \$800.00
	Contributor address; City; State; Zip Code  Gonzales, TX 78629	
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	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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 ..... <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 ..... 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 ..... 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 ..... 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 ..... 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.)	<b>7</b> Amount of Contribution (\$) \$600.00
	<b>6</b> Contributor address; City; State; Zip Code  Sheridan, TX 77475	
<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.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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.)	Amount of Contribution (\$) \$92.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
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	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>6</b> Contributor address; City; State; Zip Code  Yoakum, TX 77995	
<b>8</b> Principal occupation / Job title (See Instructions) Realtor		<b>9</b> Employer (See Instructions) self
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> business owner		<b>Employer (See Instructions)</b>
<b>Date</b> 10/08/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> business owner		<b>Employer (See Instructions)</b>
<b>Date</b> 09/10/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> business owner		<b>Employer (See Instructions)</b>
<b>Date</b> 08/13/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Wauson, Laura	<b>Amount of Contribution (\$)</b> \$20.00
	<b>Contributor address; City; State; Zip Code</b>  Yoakum, TX 77995	
<b>Principal occupation / Job title (See Instructions)</b> business owner		<b>Employer (See Instructions)</b>

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 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 ..... <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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/10 Rpt: 21/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 10/13/2025	5 Payee name Axel Decorations	
6 Amount (\$) \$621.63	7 Payee address; City; State; Zip Code 310 Front St  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 50% table/chair covers--Taste of Victory
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bright, Kevin	Office sought Office held
Date 10/09/2025	Payee name Bright, Kevin	
Amount (\$) \$150.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Hallettsville, TX 77964	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense security--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cherry, Christina	Office sought Office held
Date 10/08/2025	Payee name Cherry, Christina	
Amount (\$) \$182.11	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense condiments--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/10 Rpt: 22/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358		
4 Date 09/10/2025	5 Payee name Cherry, Christina			
6 Amount (\$) \$392.93	7 Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Yoakum, TX 77995			
<input type="checkbox"/> Expenditure from corporate funds		<b>8 PURPOSE OF EXPENDITURE</b> <table> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense</td> <td>(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           </td> </tr> </table>	(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 reimb--Sept meeting meal
(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 reimb--Sept meeting meal			
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 07/22/2025	Payee name Cherry, Christina			
Amount (\$) \$243.54	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Yoakum, TX 77995			
<input type="checkbox"/> Expenditure from corporate funds		<b>PURPOSE OF EXPENDITURE</b> <table> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Event Expense</td> <td>(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           </td> </tr> </table>	(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 reimb--meal monthly meeting
(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 reimb--meal monthly meeting			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 11/06/2025	Payee name Dewitt Poth & Son			
Amount (\$) \$16.24	Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995			
<input type="checkbox"/> Expenditure from corporate funds		<b>PURPOSE OF EXPENDITURE</b> <table> <tr> <td>(a) Category (See Categories listed at the top of this schedule) Printing Expense</td> <td>(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           </td> </tr> </table>	(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 update applications
(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 update applications			
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/10 Rpt: 23/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 10/06/2025	5 Payee name Dewitt Poth & Son	
6 Amount (\$) \$81.19	7 Payee address; City; P.O. Box 487  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense programs--Taste of Victory
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dewitt Poth & Son	Office sought Office held
Date 09/29/2025	Payee name Dewitt Poth & Son	
Amount (\$) \$25.30	Payee address; City; P.O. Box 487  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cards-certificates--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dewitt Poth & Son	Office sought Office held
Date 09/16/2025	Payee name Dewitt Poth & Son	
Amount (\$) \$32.48	Payee address; City; P.O. Box 487  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(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 flyers--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dewitt Poth & Son	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/10 Rpt: 24/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 09/09/2025	5 Payee name Dewitt Poth & Son	
6 Amount (\$) \$146.14	7 Payee address; City; State; Zip Code P.O. Box 487  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	(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 flyers--Taste of Victory
9 Complete ONLY 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	Payee address; City; State; Zip Code PO Box 1777  Cedar Park, TX 78630	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY 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	Payee address; City; State; Zip Code PO Drawer 427  Hallettsville, TX 77964	
<input type="checkbox"/> Expenditure from corporate funds	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/10 Rpt: 25/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 10/27/2025	5 Payee name Hodgepodge Fair Trade Market & Gathering Co	
6 Amount (\$) \$277.65	7 Payee address; City; State; Zip Code 400 N LaGrange  Hallettsville, TX 77964	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense mocktails--Taste of Victory
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/14/2025	Payee name Lira Rossa Artisan Cheese	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 784 CR 251  Moulton, TX 77975	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cheese--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name Lone Star 854	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 210 CR 146  Hallettsville, TX 77964	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense colorguard--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/10 Rpt: 26/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 09/30/2025	5 Payee name Moulton Eagle	
6 Amount (\$) \$56.40	7 Payee address; City; PO Box 427  Hallettsville, TX 77964	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/25/2025	Payee name Myers, Fonda	
Amount (\$) \$142.82	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Hallettsville, TX 77964	
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 reimb--decorations--Taste of Victory
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/30/2025	Payee name Shiner Gazette	
Amount (\$) \$66.60	Payee address; City; State; Zip Code  Shiner, TX 77984	
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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/10 Rpt: 27/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 10/02/2025	5 Payee name Square, Inc.	
6 Amount (\$) \$27.12	7 Payee address; City; State; Zip Code 67 Fairbanks Ave  Irvine, CA 92618	
<input type="checkbox"/> Expenditure from corporate funds	<p><b>8 PURPOSE OF EXPENDITURE</b></p> <p>(a) Category (See Categories listed at the top of this schedule) Accounting/Banking</p> <p>(b) Description</p> <p><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</p>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/08/2025	Payee name Wauson, Laura	
Amount (\$) \$44.36	Payee address; City; State; Zip Code 1698 FM 966  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	<p><b>PURPOSE OF EXPENDITURE</b></p> <p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><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</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 10/06/2025	Payee name Wauson, Laura	
Amount (\$) \$78.99	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Yoakum, TX 77995	
<input type="checkbox"/> Expenditure from corporate funds	<p><b>PURPOSE OF EXPENDITURE</b></p> <p>(a) Category (See Categories listed at the top of this schedule) Event Expense</p> <p>(b) Description</p> <p><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</p>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/10 Rpt: 28/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358	
4 Date 07/09/2025	5 Payee name YK Deli & Smoothie		
6 Amount (\$) \$315.00	7 Payee address; City; 210 Nelson St  Yoakum, TX 77995	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense meal--monthly meeting	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/08/2025	Payee name Yoakum Community Center		
Amount (\$) \$395.60	Payee address; City; 105 Huck St  Yoakum, TX 77995	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--monthly meeting	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/04/2025	Payee name Yoakum Community Center		
Amount (\$) \$2,433.20	Payee address; City; 105 Huck St  Yoakum, TX 77995	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense hall rental--Taste of Victory	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/10 Rpt: 29/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 09/10/2025	5 Payee name Yoakum Community Center	
6 Amount (\$) \$395.60	7 Payee address; City; 105 Huck St  Yoakum, TX 77995	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/13/2025	Payee name Yoakum Community Center	
Amount (\$) \$395.60	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/09/2025	Payee name Yoakum Community Center	
Amount (\$) \$393.20	Payee address; City; 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/10 Rpt: 30/34	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358	
4 Date 09/30/2025	5 Payee name Yoakum Herald-Times		
6 Amount (\$) \$71.40	7 Payee address; City; PO Box 798  Yoakum, TX 77995		
8 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	
9 Complete ONLY 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.

1 Total pages Schedule I: Sch: 1/4 Rpt:	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 11/07/2025	5 Payee name Baker Boys BBQ	
6 Amount (\$) 956.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1404 N Sarah DeWitt Dr  Gonzales, TX 78629	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) 3rd place--constitutional essay contest

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

**SCHEDULE I**

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

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 11/12/2025	5 Payee name Morales, Sytlali	
6 Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 521 CR 138 Cost, TX 78614	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(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.

1 Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Republican Women of Yoakum Area	3 Filer ID (Ethics Commission Filers) 00055358
4 Date 11/12/2025	5 Payee name Wagner, Shaylynn	
6 Amount (\$) 900.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip PO Box 97  Nordheim, TX 78141	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) 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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(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	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(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.

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