

**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) 00015561	2 Total pages filed: 18			
3 COMMITTEE NAME Fort Bend Republican Women's Club PAC		<b>OFFICE USE ONLY</b> <p>Date Received ELECTRONICALLY FILED 01/14/2026</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1"> <tr> <td>Receipt #</td> <td>Amount</td> </tr> </table> <p>Date Processed</p> <p>Date Imaged</p>		Receipt #	Amount	
Receipt #	Amount					
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 7407 Rain Drop Ct Richmond, TX 77407						
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Lois	MI				
	NICKNAME LAST Gremminger	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 7407 Rain Drop Ct Richmond, TX 77407	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 1910 Fawn Way Ct Richmond, TX 77406	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 924-9085	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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

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

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Fort Bend Republican Women's Club PAC		<b>13 FILER ID</b> (Ethics Commission Filers) 00015561
<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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,888.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 274.25
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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.

Lois Gremminger

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 18

<b>17</b> COMMITTEE NAME Fort Bend Republican Women's Club PAC	<b>18</b> FILER ID (Ethics Commission Filers) 00015561
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,888.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,577.98
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,913.72
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: 1/7 Rpt: 4/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 11/13/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Traci	<b>7</b> Amount of Contribution (\$) \$600.00
	<b>6</b> Contributor address; City; State; Zip Code  Missouri City, TX 77459	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) None
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bushnell, Scott	Amount of Contribution (\$) \$605.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self-employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christi Craddick Campaign	Amount of Contribution (\$) \$304.00
	Contributor address; City; State; Zip Code  Austin, TX 78711	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dashiell, Martha	Amount of Contribution (\$) \$304.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dashiell, Martha	Amount of Contribution (\$) \$78.00
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478	
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: 2/7 Rpt: 5/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC				<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 11/26/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dashiell, Martha	<b>7</b> Amount of Contribution (\$) \$78.00		
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478			
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, William (Mr.)	Amount of Contribution (\$) \$304.00		
	Contributor address; City; State; Zip Code  Sugar Land, TX 77479			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)		
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geesaman, Dennis	Amount of Contribution (\$) \$304.00		
	Contributor address; City; State; Zip Code  Flatonia, TX 78941			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremminger, Lois (Mrs.)	Amount of Contribution (\$) \$300.00		
	Contributor address; City; State; Zip Code  Richmond, TX 77406			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gremminger, Lois (Mrs.)	Amount of Contribution (\$) \$304.00		
	Contributor address; City; State; Zip Code  Richmond, TX 77406			
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 3/7 Rpt: 6/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrbacek, Dean (Judge)	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77478	<b>7</b> Amount of Contribution (\$) \$304.00
<b>8</b> Principal occupation / Job title (See Instructions) Judge		<b>9</b> Employer (See Instructions) Fort Bend County	
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrbacek, Dean (Judge)	Amount of Contribution (\$) \$103.00	
Contributor address; City; State; Zip Code  Sugar Land, TX 77478			
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Fort Bend County	
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Joan	Amount of Contribution (\$) \$500.00	
Contributor address; City; State; Zip Code  Bellaire, TX 77401			
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas	
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Joan	Amount of Contribution (\$) \$100.00	
Contributor address; City; State; Zip Code  Bellaire, TX 77401			
Principal occupation / Job title (See Instructions) State Senator		Employer (See Instructions) State of Texas	
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenhower, Kim (Mrs.)	Amount of Contribution (\$) \$300.00	
Contributor address; City; State; Zip Code  Sugar Land, TX 77479			
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self-employed	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/7 Rpt: 7/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Icenhower, Kim (Mrs.)	<b>7</b> Amount of Contribution (\$) \$52.00
	<b>6</b> Contributor address; City; State; Zip Code  Sugar Land, TX 77479	
<b>8</b> Principal occupation / Job title (See Instructions) consultant		<b>9</b> Employer (See Instructions) self-employed
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Placette	<b>Amount of Contribution (\$)</b> \$143.00
	<b>Contributor address; City; State; Zip Code</b>  Sugar Land, TX 77479	
<b>Principal occupation / Job title (See Instructions)</b> Candidate		<b>Employer (See Instructions)</b>
<b>Date</b> 11/19/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) John, Placette	<b>Amount of Contribution (\$)</b> \$103.00
	<b>Contributor address; City; State; Zip Code</b>  Sugar Land, TX 77479	
<b>Principal occupation / Job title (See Instructions)</b> Candidate		<b>Employer (See Instructions)</b>
<b>Date</b> 10/30/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Luna, Victoria	<b>Amount of Contribution (\$)</b> \$605.00
	<b>Contributor address; City; State; Zip Code</b>  Houston, TX 77053	
<b>Principal occupation / Job title (See Instructions)</b> Office Manager		<b>Employer (See Instructions)</b> Fort Bend County Judge KP George
<b>Date</b> 10/17/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) McFarlane, Tamara	<b>Amount of Contribution (\$)</b> \$304.00
	<b>Contributor address; City; State; Zip Code</b>  Katy, TX 77494	
<b>Principal occupation / Job title (See Instructions)</b> Student		<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: 5/7 Rpt: 8/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC				<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 10/23/2025	<b>5</b> Full name of contributor Morales, Vincent (Mr.)	<input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>7</b> Amount of Contribution (\$) \$304.00	
	<b>6</b> Contributor address; City; State; Zip Code  Rosenberg, TX 77471			
<b>8</b> Principal occupation / Job title (See Instructions) Commissioner		<b>9</b> Employer (See Instructions) Fort Bend County		
Date 10/23/2025	Full name of contributor Morales, Vincent (Mr.)		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$504.00	
	Contributor address; City; State; Zip Code  Rosenberg, TX 77471			
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Fort Bend County		
Date 11/19/2025	Full name of contributor Morgan, Matt		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$304.00	
	Contributor address; City; State; Zip Code  Richmond, TX 77406			
Principal occupation / Job title (See Instructions) Texas House of Representatives		Employer (See Instructions) District 26		
Date 11/26/2025	Full name of contributor Omoruyi, Kenneth		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$504.00	
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478			
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)		
Date 11/26/2025	Full name of contributor Omoruyi, Kenneth		<input type="checkbox"/> out-of-state PAC (ID#: _____) \$304.00	
	Contributor address; City; State; Zip Code  Sugar Land, TX 77478			
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/7 Rpt: 9/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 11/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Yvonne	<b>7</b> Amount of Contribution (\$) \$304.00
	<b>6</b> Contributor address; City; State; Zip Code  Richmond, TX 77406	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tassin, Kristin	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Melissa	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Melissa	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Melissa	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Missouri City, TX 77459	
Principal occupation / Job title (See Instructions) Candidate		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: 7/7 Rpt: 10/18
<b>2</b> FILER NAME Fort Bend Republican Women's Club PAC			<b>3</b> Filer ID (Ethics Commission Filers) 00015561
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor Wong, Daniel	<b>6</b> Contributor address; City; State; Zip Code Missouri City, TX 77459	<b>7</b> Amount of Contribution (\$) \$504.00
<b>8</b> Principal occupation / Job title (See Instructions) Candidate		<b>9</b> Employer (See Instructions)	
<b>Date</b> 10/24/2025	<b>Full name of contributor</b> Wong, Daniel	<b>□ out-of-state PAC (ID#:</b> _____)	<b>Amount of Contribution (\$)</b> \$605.00
	Contributor address; City; State; Zip Code Missouri City, TX 77459		
Principal occupation / Job title (See Instructions) Candidate		Employer (See Instructions)	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 1/4 Rpt: 11/18	2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 CREDIT CARD ISSUER	Name of financial institution Prosperity Bank		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$50.60	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TFRW PAC		(b) Payee address; City, State, Zip Code 13740 N Highway 183, Ste J4  Austin, TX 78750
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Membership dues		(b) Description Membership dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$360.00	(b) Date of Charge 08/29/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Another Time Soda Fountain		(b) Payee address; City, State, Zip Code 800 3rd St.  Rosenberg, TX 77471
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description food for August Social
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$665.43	(b) Date of Charge 11/21/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Lost Gallitos		(b) Payee address; City, State, Zip Code 3385 Hwy 6  Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Monthly membership meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: Sch: 2/4 Rpt: 12/18	2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$745.80	(b) Date of Charge 09/26/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Lost Gallitos		(b) Payee address; City, State, Zip Code 3385 Hwy 6  Sugar Land, TX 77478
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Monthly membership meeting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$500.00	(b) Date of Charge 10/02/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Sugar Creek Country Club		(b) Payee address; City, State, Zip Code 420 Sugar Creek Blvd  Sugar Land, TX 77478
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Downpayment for December event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,032.50	(b) Date of Charge 12/04/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Astrid Sweets		(b) Payee address; City, State, Zip Code NA  NA, TX 77777
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Gingerbread Houses for December event
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: Sch: 3/4 Rpt: 13/18	2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$101.20	(b) Date of Charge 07/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TFRW PAC		(b) Payee address; City, State, Zip Code 13740 N Highway 183, Ste J4  Austin, TX 78750
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) membership dues		(b) Description Membership dues
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.35	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TFRW PAC		(b) Payee address; City, State, Zip Code 13740 N Highway 183, Ste J4  Austin, TX 78750
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description President's Pin
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$20.20	(b) Date of Charge 12/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name TFRW PAC		(b) Payee address; City, State, Zip Code 13740 N Highway 183, Ste J4  Austin, TX 78750
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual fee
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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.

1 Total pages Schedule F4: Sch: 4/4 Rpt: 14/18	2 FILER NAME Fort Bend Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00015561
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$75.90	(b) Date of Charge 09/16/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name TFRW PAC		(b) Payee address; City, State, Zip Code 13740 N Highway 183, Ste J4 Austin, TX 78750
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) membership dues		(b) Description Membership dues  (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 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.**

1 Total pages Schedule I: Sch: 1/4 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 07/01/2025	5 Payee name Club Express	
6 Amount (\$) 44.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user fee
Date 08/01/2025	Payee name Club Express	
Amount (\$) 44.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user fee
Date 09/02/2025	Payee name Club Express	
Amount (\$) 44.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user fee
Date 10/01/2025	Payee name Club Express	
Amount (\$) 44.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user 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: 2/4 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 11/03/2025	5 Payee name Club Express	
6 Amount (\$) 44.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user fee
Date 12/01/2025	Payee name Club Express	
Amount (\$) 45.08 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Monthly Club Express user fee
Date 12/01/2025	Payee name Club Express	
Amount (\$) 80.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1051 Perimeter Dr #350  Schaumburg, IL 60173	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Annual Club Express user fee
Date 12/12/2025	Payee name Greater Houston Council Federation of Republican Women	
Amount (\$) 30.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 7941 Katy Fwy #272  Houston, TX 77024	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Annual membership 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: 3/4 Rpt:	2 FILER NAME Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 12/11/2025	5 Payee name Hayes, Angela	
6 Amount (\$) 612.61 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3411 Hollsbrook Court  Sugar Land, TX 77478	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimb. for decorations for December event
Date 11/03/2025	Payee name Icenhower, Kim	
Amount (\$) 787.04 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3019 Arrowhead Dr  Sugar Land, TX 77479	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for restaurant expense for monthly membership meeting
Date 12/09/2025	Payee name Lojo Brothers Kwik Kopy	
Amount (\$) 45.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 Industrial Blvd Suite 160 Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) nametags
Date 12/03/2025	Payee name Maltman, Debra	
Amount (\$) 135.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 34 Windsor Court  Missouri City, TX 77459	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimb. for extra meeting charges

**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 Fort Bend Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00015561
4 Date 09/30/2025	5 Payee name McCarty, Alexis	
6 Amount (\$) 176.14 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 7407 Rain Drop Ct  Richmond, TX 77407	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement	(b) Description (See instructions regarding type of information required.) Reimb. for Quicken
Date 09/11/2025	Payee name Pamela Printing	
Amount (\$) 82.27 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 550 Julie Rivers Dr #310  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) printing for December event
Date 11/26/2025	Payee name Roland's Swiss Bakery	
Amount (\$) 360.46 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 9434 Katy Fwy #310  Houston, TX 77055	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) baked goods for December event
Date 12/30/2025	Payee name Sugar Creek Country Club	
Amount (\$) 4,339.30 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 420 Sugar Creek Blvd  Sugar Land, TX 77478	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) December event