

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00017097	<b>2</b> Total pages filed: 12
<b>3</b> COMMITTEE NAME Highland Lakes Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/11/2023	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 293  Llano, TX 78643		
	<b>5</b> CAMPAIGN TREASURER NAME  MS / MRS / MR FIRST MI Mrs. Virginia M.  NICKNAME LAST SUFFIX Ginger Shilts		
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 172 Delta Drive  Llano, TX 78643		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 172 Delta Drive  Llano, TX 78643		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 248-3129		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10</b> PERIOD COVERED	Month Day Year      Month Day Year 01/01/2023      THROUGH      06/30/2023		
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME Highland Lakes Republican Women	<b>13</b> Filer ID (Ethics Commission Filers) 00017097
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 1,303.20
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,928.20
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,191.08
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 2,585.35
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00

**16 AFFIDAVIT**

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

Mrs. Virginia M. Shilts  
\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> Highland Lakes Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00017097
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,928.20
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,191.08
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 4/12
<b>2</b> FILER NAME Highland Lakes Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 04/23/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Croes, Rebecca <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingsland, TX 78639	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Management		<b>9</b> Employer (See Instructions) Cigna
Date 04/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Croes, Tony <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Waypoint Analytics
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Edgar, Patti <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grabert, Jessica <hr/> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Self
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grabert, Jessica <hr/> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) retired		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: 2/5 Rpt: 5/12
<b>2</b> FILER NAME Highland Lakes Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 01/04/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grabert, Jessica <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) retired		<b>9</b> Employer (See Instructions) Self
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grabert, Michael <hr/> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Grabert, Michael <hr/> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Green, Cynthia <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) MidCoast Health System
Date 01/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gurley, Tracy <hr/> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
<b>2</b> FILER NAME Highland Lakes Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 01/31/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) HANSEN, JANE <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingsland, TX 78639	<b>7</b> Amount of Contribution (\$)  \$40.00
<b>8</b> Principal occupation / Job title (See Instructions) Real Estate Broker		<b>9</b> Employer (See Instructions)
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Janto, Anna <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McCree, Hannah <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelms, Mike <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)
Date 01/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Nelms, TJ <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$40.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
<b>2</b> FILER NAME Highland Lakes Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 04/22/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peace, Susan <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Tour Guide		<b>9</b> Employer (See Instructions)
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Brent <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Brent <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78639	Amount of Contribution (\$)  \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, PATRICIA <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78631	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Machine embroidery		Employer (See Instructions) retired
Date 05/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, PATRICIA <hr/> Contributor address; City; State; Zip Code  Kingsland, TX 78631	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Machine embroidery		Employer (See Instructions) retired

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
<b>2</b> FILER NAME Highland Lakes Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 01/10/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rimkus, Joanne	<b>7</b> Amount of Contribution (\$) \$40.00
	<b>6</b> Contributor address; City; State; Zip Code  Sunrise Beach, TX 78643	
<b>8</b> Principal occupation / Job title (See Instructions) Reired		<b>9</b> Employer (See Instructions)



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 9/12	<b>2</b> FILER NAME Highland Lakes Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 05/23/2023	<b>5</b> Payee name Arnold, Dena	
<b>6</b> Amount (\$) \$64.44  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 644 Circle Drive  Sunrise Beach, TX 78643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food expense for May event
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2023	Payee name Grabert, Jessica	
Amount (\$) \$120.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 274  Kingsland, TX 78639	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Clubhouse rent for May event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/28/2023	Payee name Kingsland Chamber of Commerce	
Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 465  Kingsland, TX 78639	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2023 membership fee
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 10/12	<b>2</b> FILER NAME Highland Lakes Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 01/07/2023	<b>5</b> Payee name LLANO COUNTY LIBRARY	
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 102 E HAYNIE  LLANO, TX 78643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting room fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/05/2023	Candidate/Officeholder name Llano Chamber of Commerce	
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 100 Train Station Dr.  Llano, TX 78643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 2023 Membership fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/08/2023	Candidate/Officeholder name Llano News	
Amount (\$) \$126.00  <input type="checkbox"/> Expenditure from corporate funds	Office sought 813 Berry Street  Llano, TX 78643	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad for Veterans Day event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 11/12	<b>2</b> FILER NAME Highland Lakes Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00017097
<b>4</b> Date 01/07/2023	<b>5</b> Payee name RICHARDS, PARTICIA	
<b>6</b> Amount (\$) \$38.64  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 510 Crest  Kingsland, TX 78639	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Misc Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/30/2023	Payee name Texas Federation of Republican Women	
Amount (\$) \$350.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 171146  AUSTIN, TX 78717-0041	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Submission 2 of 2023 dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/15/2023	Payee name Texas Federation of Republican Women	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 171146  AUSTIN, TX 78717-0041	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Dues Submission #3 for 2023
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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 12/12	<b>2</b> FILER NAME Highland Lakes Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00017097
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<b>4</b> Date 01/27/2023	<b>5</b> Payee name Texas Ferderation of Republican Women
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<b>6</b> Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 13740 N. Hwy 183 #HJ4 Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nuts and Bolts Training Day
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/04/2023	Payee name US POSTMATER
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Amount (\$) \$92.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 819 BERRY ST  LLANO, TX 78643
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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