FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00083190 3 COMMITTEE NAME **OFFICE USE ONLY** San Angelo Republican Women Date Received **ELECTRONICALLY FILED** 07/12/2023 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 62472 Date Hand-delivered or Date Postmarked Change of Address San Angelo, TX 76906 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Guadalupe NAME NICKNAME LAST **SUFFIX** Gomez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3825 Tridens Trl. STREET **ADDRESS** (Residence or Business) San Angelo, TX 76904 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3825 Tridens Trl. MAILING **ADDRESS** San Angelo, TX 76904 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (325) 227-5730 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2023 06/30/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer I	ID (Ethics Commission Filers)
San Angelo Republican	Women		0008	
4 COMMITTEE	1. Candidates	A. Supported	l	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	POLITICAL CONTRIBUTIONS (OTHER OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$ 1,783.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF L		\$ 2,033.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	:	\$ 1,330.08
	4. TOTAL POLITICA	L EXPENDITURES	;	\$ 3,306.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF T G PERIOD	THE LAST DAY	\$ 4,394.52
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOAN REPORTING PERIOD	IS AS OF THE	\$ 0.00
6 AFFIDAVIT				
			es all information re	t the accompanying report is equired to be reported by me
			Guadalupe Gome	
		Signa	ture of Campaign T	reasurer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said		, this the	day
		which, witness my hand and seal of office.		

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 12
17 COMMIT		18 Filer ID	(Ethics Commission	n Filers)
	elo Republican Women	00083190		
	LE SUBTOTALS SCHEDULE		SUBTOTAL A	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,033.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$	3,306.22
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

2 FILER NAME San Angelo Republican Women 0	otal pages Schedule A1:
San Angelo Republican Women 4 Date	ch: 1/1 Rpt: 4/12
4 Date 01/19/2023 5 Full name of contributor out-of-state PAC (ID#:	ler ID (Ethics Commission Filers) 0083190
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	mount of Contribution (\$) \$250.00

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 5/12	San Angelo Republican Women	00083190
4 Date	5 Payee name	-
04/12/2023	Corsese Flag & Silkscreen Co.	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$389.05	1602 W Beauregard Ave	
— Formanditure from		
Expenditure from corporate funds	San Angelo, TX 76901	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	T-Shirts	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense T-Shirts
		1-311113
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
expenditure to benefit C/OI		agrit Office field
Date	Device were	
01/06/2023	Payee name Texas Federation of Republican Women	
	•	ada
Amount (\$) \$203.99	Payee address; City; State; Zip Co PO Box 171146	Jue
φ203.99	FO BOX 171140	
Expenditure from corporate funds	Austin, TX 78717	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Table at Legislative Day
		Table at Logislative Lay
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		
Date	Payee name	
01/01/2023	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$151.80	PO Box 171146	
,		
Expenditure from corporate funds	Austin, TX 78717	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Member Dues	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Member Dues and Fees
		Weinber Bues and Fees
Complete ONLY if direct	Candidate/Officeholder name Office sou	Lught Office held
expenditure to benefit C/OI		

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)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/8 Rpt: 6/12	San Angelo Republican Women	00083190
4 Date	5 Payee name	<u> </u>
01/24/2023	Texas Federation of Republican Women	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	le
\$126.50	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
8 PURPOSE		(b) Description
OF	Member Dues	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Member Dues and Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
experientare to benefit ever		
Date	Payee name	
02/10/2023	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$75.90	PO Box 171146	
Expenditure from		
corporate funds	Austin, TX 78717	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Member Dues	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Member Dues and Fees
		Member Dues and Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	9	The Chief Held
Dete		
Date 02/28/2023	Payee name Toyon Fodoration of Donublican Women	
	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$75.90	PO Box 171146	
Expenditure from		
corporate funds	Austin, TX 78717	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Member Dues	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Member Dues and Fees
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 7/12	San Angelo Republican Women 00083190
4 Date	5 Payee name
03/13/2023	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.90	PO Box 171146
Expenditure from	
corporate funds	Austin, TX 78717
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Member Dues and Fees
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/11/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$25.30	PO Box 171146
— Forestitus from	
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Member Dues and Fees
	Welliber Dues and 1 ees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/03/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$25.30	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Member Dues and Fees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 8/12	San Angelo Republican Women 00083190
4 Date	5 Payee name
06/09/2023	Texas Federation of Republican Women
6 Amount (\$) \$50.60	7 Payee address; City; State; Zip Code PO Box 171146
Expenditure from corporate funds	Austin, TX 78717
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Member Dues and Fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$25.30	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T.
_/	Check if Austin, TX, officeholder living expense
	Member Dues and Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/24/2023	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$50.60	PO Box 171146
400.00	. 6 - 3 / 2 - 1 - 2 - 1 6
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Member Dues Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Member Dues and Fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAMATO TO BOTTOM O/OI	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/8 Rpt: 9/12	San Angelo Republican Women 00083190
4 Date	5 Payee name
01/16/2023	Tom Green County Republican Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
Evpanditura from	
Expenditure from corporate funds	San Angelo, TX 76904
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
02/20/2023	Tom Green County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
Expenditure from corporate funds	San Angelo, TX 76904
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
	monthly sould moothing volide expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
03/20/2023	Tom Green County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
400.00	
Expenditure from corporate funds	San Angelo, TX 76904
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/8 Rpt: 10/12	San Angelo Republican Women 00083190
4 Date	5 Payee name
04/17/2023	Tom Green County Republican Party
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
Expenditure from corporate funds	San Angelo, TX 76904
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Complete Schedule T. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Doto	
Date	Payee name
05/17/2023	Tom Green County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
Expenditure from corporate funds	San Angelo, TX 76904
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/19/2023	Tom Green County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	2525 Johnson St., Ste. A
400.00	
Expenditure from corporate funds	San Angelo, TX 76904
-	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Monthly board meeting venue expense
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/8 Rpt: 11/12 San Angelo Republican Women 00083190 4 Date Payee name 01/09/2023 Veterans of Foreign Wars 6 Amount (\$) Payee address; City; State; Zip Code \$80.00 125 S Browning St Expenditure from San Angelo, TX 76903 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly meeting venue expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/06/2023 Veterans of Foreign Wars Amount (\$) Payee address; City; State; Zip Code \$80.00 125 S Browning St Expenditure from San Angelo, TX 76903 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly meeting venue expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/06/2023 Veterans of Foreign Wars Amount (\$) Payee address: City: State; Zip Code \$80.00 125 S Browning St Expenditure from corporate funds San Angelo, TX 76903 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Monthly meeting venue expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

1 Total pages Schedule F1: 2	The Instruction Guide explains how to con	ages/Contract Labor nplete this form.	OTHER (enter a category not listed above)
	FILER NAME		3 Filer ID (Ethics Commission Filers)
	San Angelo Republican Women		00083190
I I	Payee name		
04/03/2023	Veterans of Foreign Wars		
6 Amount (\$) 7	Payee address; City; State; Zip Cod	de	
\$80.00	125 S Browning St		
Expenditure from corporate funds	San Angelo, TX 76903		
8 PURPOSE (a)	Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense	ш	outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		working week	ing venue expense
			000
Complete ONLY if direct C expenditure to benefit C/OH	Candidate/Officeholder name Office soug	jht	Office held
Date	Payee name		
05/01/2023	Veterans of Foreign Wars		
Amount (\$)	Payee address; City; State; Zip Cod	de	
\$80.00	125 S Browning St		
Expenditure from corporate funds	San Angelo, TX 76903		
PURPOSE (a)		(b) Description	
PURPOSE (a) OF		Check if travel of	outside of Texas. Complete Schedule T.
PURPOSE (a)	Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin,	TX, officeholder living expense
PURPOSE (a) OF	Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin,	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE (a) (C) C	Category (See Categories listed at the top of this schedule)	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
PURPOSE OF EXPENDITURE Complete ONLY if direct Complete Content of the content	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if travel of Check if Austin, Monthly meet	TX, officeholder living expense ing venue expense
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