

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|--|---|----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086607 | 2 Total pages filed: 6 |
| 3 COMMITTEE NAME Iron Tracks Republican Women | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 07/12/2023 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1478 Van Alstyne, TX 75495 | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Sue-Lynn <hr/> NICKNAME LAST SUFFIX Voigt | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2233 Wolf Front Rd. Van Alstyne, TX 75495 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1478 Van Alstyne, TX 75495 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214) 215-1806 | | |
| 9 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 | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023 | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 07/12/2023 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

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| 12 COMMITTEE NAME Iron Tracks Republican Women | 13 Filer ID (Ethics Commission Filers) 00086607 |
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| 14 COMMITTEE ACTIVITY (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.) | |

| | | | |
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| 15 CONTRIBUTION TOTALS | 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 | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 80.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 538.00 |
| OUTSTANDING LOAN TOTALS | 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.

Mrs. Sue-Lynn Voigt

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

| | |
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| 17 COMMITTEE NAME Iron Tracks Republican Women | 18 Filer ID (Ethics Commission Filers) 00086607 |
| 19 SCHEDULE SUBTOTALS | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 80.00 |
| 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 407.00 |
| 15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 4/6 | |
| 2 FILER NAME Iron Tracks Republican Women | | 3 Filer ID (Ethics Commission Filers) 00086607 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 06/30/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Voigt, Sue-Lynn (Mrs.) | 8 Amount of contribution (\$) \$80.00 | 9 In-kind contribution description Mail Services |
| | 7 Contributor address; City; State; Zip Code Van Alstyne, TX 75495 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired | | 11 Employer (FOR NON-JUDICIAL) (See instructions) NA | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|--|--|--|--|--|
| 1 Total pages Schedule I: Sch: 1/2 Rpt: 5/6 | | 2 FILER NAME Iron Tracks Republican Women | | 3 Filer ID (Ethics Commission Filers) 00086607 | |
| 4 Date 01/31/2023 | | 5 Payee name Cadence Bank | | | |
| 6 Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | | 7 Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | | (b) Description (See instructions regarding type of information required.) Account Fee | |
| Date 02/28/2023 | | Payee name Cadence Bank | | | |
| Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | | Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | | (b) Description (See instructions regarding type of information required.) Account Fee | |
| Date 03/31/2023 | | Payee name Cadence Bank | | | |
| Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | | Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | | (b) Description (See instructions regarding type of information required.) Account Fee | |
| Date 04/30/2023 | | Payee name Cadence Bank | | | |
| Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | | Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | | | |
| PURPOSE OF EXPENDITURE | | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | | (b) Description (See instructions regarding type of information required.) Account 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: 2/2 Rpt: 6/6 | 2 FILER NAME Iron Tracks Republican Women | 3 Filer ID (Ethics Commission Filers) 00086607 |
| 4 Date 05/31/2023 | 5 Payee name Cadence Bank | |
| 6 Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Account Fees |
| Date 06/30/2023 | Payee name Cadence Bank | |
| Amount (\$) 2.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 177 East Jefferson Van Alstyne, TX 75495 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Account Fees |
| Date 01/26/2023 | Payee name Texas Federation of Republican Women | |
| Amount (\$) 395.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 13740 N Highway 183 Suite J4 Austin, TX 78750 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Fees | (b) Description (See instructions regarding type of information required.) Membership Fees |