## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	ne GPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00018747	2 Total pages filed: 10
3	COMMITTEE NAME			OFFICE USE ONLY
	The Republican Cl	ub of Bee County PAC		Date Received
				ELECTRONICALLY FILED
				07/17/2023
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE; ZIP CODE	
	_	P.O. Box 1848		Date Hand-delivered or Date Postmarked
	Change of Address	Beeville, TX 78104		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Mr. Fred W.		
		NICKNAME LAST		SUFFIX
		Stark		III
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET	2785 Earls Trl.		
	ADDRESS			
	(Residence or Business)	Beeville, TX 78102		
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	MAILING	2785 Earls Trl.		
	ADDRESS			
	Change of Address	Beeville, TX 78102		
8	CAMPAIGN TREASURER		EXTENSION	
	PHONE	(361) 354-0165		
9	REPORT	January 15 30	)th day before election	Dissolution (Attach PAC-DR)
	TYPE		h day before election	10th day after campaign treasurer
		X July 15		termination
L			unoff	
10	PERIOD COVERED	Month Day Year	Month Day	Year
	COVERED	01/01/2023 TH	IROUGH 06/30/2023	3
11	ELECTION	ELECTION DATE	ELECTION TYPE	
				Other
			General Special	
⊢		II		
			TO PAGE 2	
Fo	rms provided by Te	xas Ethics Commission www.et	hics.state.tx.us	Version V3.5.1.a18ea2ca

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
The Republican Club of	Bee County PAC		00018747	,
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	<ul> <li>POLITICAL CONTRIBUTIONS (OTHER THAN</li> <li>OR GUARANTEES OF LOANS, OR</li> <li>ADE ELECTRONICALLY)</li> <li>qualifies for the higher itemization threshold</li> </ul>	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	40.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	53,000.11
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Fred \	N. Stark III	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
		which, witness my hand and seal of office.	nis the	day
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

## FORM GPAC COVER SHEET PG 3 3 of 10

17 COMMITTE		18 Filer ID	(Ethics Commission Filers)
	blican Club of Bee County PAC	00018747	
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 40.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$
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.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$
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. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	ONS	<b>\$</b> 2,660.91
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

					_		
	The Instru	ction Guide explains how to con	nplete this fo	rm.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 4/10	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	The Republi	can Club of Bee County PAC				00018747	
4	Date	5 Full name of contributor out-of	f-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	01/26/2023	Simmons Bank					\$10.00
		6 Contributor address; City; State; Zip C	Code				
		Pine Bluff, AR 71601					
8	Principal occu	ipation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Date	Full name of contributor	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	03/28/2023	Simmons Bank					\$5.00
		Contributor address; City; State; Zip C					
	Dringinal occi	Pine Bluff, AR 71601 Ipation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Pillupai occu				)		
	Date	Full name of contributor	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	04/26/2023	Simmons Bank	-State PAC (ID#				\$5.00
	07/20/2020	Contributor address; City; State; Zip C	`ode				40.00
			2000				
		Pine Bluff, AR 71601					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor out-of	f-state PAC (ID#:	)		Amount of Contribution (\$)	
	05/26/2023	Simmons Bank					\$5.00
		Contributor address; City; State; Zip C	Code				
-	Dringingloog	Pine Bluff, AR 71601		Eventeuer (Cool Instructions)	Ļ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date	Full name of contributor		,		Amount of Contribution (\$)	
	06/27/2023	Simmons Bank	f-state PAC (ID#:				\$5.00
	00/21/2020	Contributor address; City; State; Zip C	`ode				40.00
			2006				
		Pine Bluff, AR 71601					
	Principal occu	ipation / Job title (See Instructions)		Employer (See Instructions	)		
4							

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/2 Rpt: 5/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) The Republican Club of Bee County PAC 00018747 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 02/28/2023 \$5.00 Simmons Bank 6 Contributor address; City; State; Zip Code Pine Bluff, AR 71601 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 02/28/2023 \$5.00 Simmons Bank Contributor address; City; State; Zip Code Pine Bluff, AR 71601 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE I

Total pages Schedule	I: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 6/10	The Republican Club of Bee County PAC	00018747
Date	5 Payee name	
02/21/2023	Bee County Expo Center	
Amount (\$)	7 Payee Address; City; State; Zip	
850.00	214 S FM 351	
- Expenditure from		
corporate funds	Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categorie Event Expense	(b) Description (See instructions regarding type of information required.) Pre-pay for Oct. event.
Date	Payee name	
01/09/2023	H.E.B. Beeville	
Amount (\$)	Payee Address; City; State; Zip	
57.02	100 E Houston	
57.02 Expenditure from		
corporate funds	beeville, TX 78102	
PURPOSE	(a) Category (See instructions for examples of acceptable categorie	
OF EXPENDITURE	Food/Beverage Expense	Refreshments for meeting
Date	Payee name	
01/10/2023	Pizza Hut	
Amount (\$)	Payee Address; City; State; Zip	
120.09	2400 N. St. Mary's	
- Expenditure from		
corporate funds	Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categorie Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) For meeting
Date	Payee name	
03/07/2023	Pizza Hut	
Amount (\$)	Payee Address; City; State; Zip	
	2400 N. St. Mary's	
116.61 Expenditure from		
	Beeville, TX 78102	
corporate funds	(a) Category (See instructions for examples of acceptable categorie	( ) = =====
	Food/Beverage Expense	Monthly Meeting

OF EXPENDITURE     Food//Beverage Expense     Monthly Meeting       Date 04/07/2023     Payee name Pizza Hut     Monthly Meeting       Amount (\$)     Payee Address; 116.61     City; State; Zip 2400 N. St. Mary's     Expenditure from Beeville, TX 78102       PURPOSE expenditure from corporate funds     (a) Category (See instructions for examples of acceptable categories)     (b) Description Monthly Meeting       Date of expenditure from corporate funds     Payee name Pood/Beverage Expense     (b) Description Monthly Meeting       Date of expenditure from corporate funds     Payee name Pizza Hut     (b) Description Beeville, TX 78102       Date of expenditure from corporate funds     Payee Address; City; State; Zip 2400 N. St. Mary's Beeville, TX 78102     (b) Description (See instructions regarding type of information reg Monthly Meeting       Date of expenditure from corporate funds     Beeville, TX 78102     (b) Description (See instructions regarding type of information reg Monthly Meeting       Date of expenditure from corporate funds     Payee name Pizza Hut     (b) Description (See instructions regarding type of information reg Monthly Meeting       Date 02/07/2023     Payee name Pizza Hut     Payee Address; City; State; Zip 2400 N. St. Mary's 122.10     (b) Description (See instructions regarding type of information reg Monthly Meeting       Expenditure from corporate funds     Beeville, TX 78102     (b) Description (See instructions regarding type of information reg	Total pages Schedule I: Sch: 2/5 Rpt: 7/10	2 FILER NAME The Republican Club of Bee County PAC	3 Filer ID (Ethics Commission Filers) 00018747
116.61       2400 N. St. Mary's         Despenditure from expenditure from SEXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information reg Monthly Meeting         Date       Payee name       Pizza Hut       Monthly Meeting         Amount (\$)       Payee Address;       City; State; Zip       Comportate funds         Date       Payee Address;       City; State; Zip       (See instructions regarding type of information reg Monthly Meeting         Corporate funds       Beeville, TX 78102       Monthly Meeting       (See instructions regarding type of information reg Monthly Meeting         Date       Payee name       Food/Beverage Expense       (b) Description       (See instructions regarding type of information reg Monthly Meeting         Date       Payee name       Food/Beverage Expense       (b) Description       (See instructions regarding type of information reg Monthly Meeting         Date       Payee name       Fizza Hut       Monthly Meeting         Amount (\$)       Payee Address;       City; State; Zip       Monthly Meeting         Corporate funds       Beeville, TX 78102       Monthly Meeting       Monthly Meeting         Date       Payee name       ColorBeverage Expense       Monthly Meeting         Date       Payee address;       <			·
corporate funds       Beeville, TX 78102         PURPOSE of EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) 04/07/2023       (b) Description       (See instructions regarding type of information req Monthly Meeting         Date 04/07/2023       Payee name Pizza Hut       Payee Address; 2400 N. St. Mary's       City; State; Zip 2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102       (b) Description       (See instructions regarding type of information req Monthly Meeting         PuRPOSE expenditure from corporate funds       Roddress; Pod/Beverage Expense       City; State; Zip 2400 N. St. Mary's       (b) Description       (See instructions regarding type of information req Monthly Meeting         Date 05/05/2023       Payee Address; 2400 N. St. Mary's       City; State; Zip 2400 N. St. Mary's       (b) Description       (See instructions regarding type of information req Monthly Meeting         Date 05/05/2023       Payee Address; 2400 N. St. Mary's       City; State; Zip 2400 N. St. Mary's       (b) Description       (See instructions regarding type of information req Monthly Meeting         Date 02/07/2023       Payee name Pizza Hut       (b) Description       (See instructions regarding type of information req Monthly Meeting         Date 02/07/2023       Payee name Pizza Hut       Payee Address; 2400 N. St. Mary's       City; State; Zip 2400 N. St. Mary's       (b) Description       (See instructions regarding type of information req	116.61	2400 N. St. Mary's	
04/07/2023     Pizza Hut       Amount (\$)     Payee Address; City; State; Zip       116.61     2400 N. St. Mary's       Beeville, TX 78102     Beeville, TX 78102       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required for the second secon	corporate funds PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
04/07/2023     Pizza Hut       Amount (\$)     Payee Address; City; State; Zip       116.61     2400 N. St. Mary's       Beeville, TX 78102     Beeville, TX 78102       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description (See instructions regarding type of information required for the second secon	Date	Pavee name	
116.61       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description       (See instructions regarding type of information requires) Monthly Meeting         Date       Payee name       Pizza Hut       Payee Address;       City; State; Zip         116.71       2400 N. St. Mary's       Beeville, TX 78102         PURPOSE oriporate funds       Payee Address;       City; State; Zip         2400 N. St. Mary's       Beeville, TX 78102         PURPOSE oriporate funds       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description       (See instructions regarding type of information requires) Monthly Meeting         Date       Payee name       Food/Beverage Expense       Monthly Meeting         02/07/2023       Pizza Hut       Monthly Meeting         Amount (\$)       Payee Address;       City; State; Zip         122.10       2400 N. St. Mary's       Expenditure from         02/07/2023       Pizza Hut       Expenditure from         122.10       2400 N. St. Mary's       Expenditure from         122.10       2400 N. St. Mary's       Expenditure from         122.10       2400 N. St. Mary's<	04/07/2023		
Gorporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description       (See instructions regarding type of information required Monthly Meeting         Date       Payee name       Monthly Meeting         05/05/2023       Pizza Hut       Monthly Meeting         Amount (\$)       Payee Address;       City; State; Zip         116.71       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required Monthly Meeting         Date       Payee name       Date       Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required	116.61		
OF EXPENDITURE     Food/Beverage Expense     Monthly Meeting       Date     Payee name       05/05/2023     Pizza Hut       Amount (\$)     Payee Address; City; State; Zip       116.71     2400 N. St. Mary's       Expenditure from Icorporate funds     Beeville, TX 78102       PURPOSE OF EXPENDITURE     (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense     (b) Description (See instructions regarding type of information requirements) Monthly Meeting       Date     Payee name       02/07/2023     Pizza Hut       Amount (\$)     Payee Address; City; State; Zip       122.10     2400 N. St. Mary's       Expenditure from Icorporate funds     Beeville, TX 78102       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       PURPOSE     (a) Category (See instructions for examples of acceptable categories)       PURPOSE     (a) Category (See instructions for examples of acceptable categories)	1 .		
05/05/2023       Pizza Hut         Amount (\$)       Payee Address; City; State; Zip         116.71       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information requested of the categories)         Date       Payee name         02/07/2023       Pizza Hut         Amount (\$)       Payee Address; City; State; Zip         122.10       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description (See instructions regarding type of information requested of the categories)         Date       Payee name         02/07/2023       Pizza Hut         Amount (\$)       Payee Address; City; State; Zip         122.10       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description (See instructions regarding type of information requested of the categories)	OF		•
Amount (\$)       Payee Address;       City; State; Zip         116.71       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description (See instructions regarding type of information requires) Monthly Meeting         Date       Payee name         02/07/2023       Pizza Hut         Amount (\$)       Payee Address;       City; State; Zip         122.10       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information requires)	Date	Payee name	
116.71       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description (See instructions regarding type of information required Monthly Meeting         Date       Payee name         02/07/2023       Pizza Hut         Amount (\$)       Payee Address; City; State; Zip         122.10       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)         (b) Description       (See instructions regarding type of information required)	05/05/2023	Pizza Hut	
corporate funds       Beeville, TX 78102         PURPOSE OF EXPENDITURE       (a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense       (b) Description       (See instructions regarding type of information required Monthly Meeting         Date       Payee name       Pizza Hut       Pizza Hut         Amount (\$)       Payee Address;       City; State; Zip         122.10       2400 N. St. Mary's       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required informat			
OF EXPENDITURE       Food/Beverage Expense       Monthly Meeting         Date       Payee name       122.00         O2/07/2023       Pizza Hut       -         Amount (\$)       Payee Address;       City; State; Zip         122.10       2400 N. St. Mary's       -         Expenditure from corporate funds       Beeville, TX 78102       -         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information required informating information required informating information		Beeville, TX 78102	
02/07/2023       Pizza Hut         Amount (\$)       Payee Address;       City; State; Zip         122.10       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requirements)	OF		
Amount (\$)       Payee Address;       City;       State;       Zip         122.10       2400 N. St. Mary's       2400 N. St. Mary's         Expenditure from corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requirements)	Date	Payee name	
122.10     2400 N. St. Mary's       Expenditure from corporate funds     Beeville, TX 78102       PURPOSE     (a) Category (See instructions for examples of acceptable categories)     (b) Description     (See instructions regarding type of information required)	02/07/2023		
Corporate funds       Beeville, TX 78102         PURPOSE       (a) Category (See instructions for examples of acceptable categories)       (b) Description       (See instructions regarding type of information requirements)	122.10		
		Beeville, TX 78102	
EXPENDITURE Monthly Meeting	OF	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Monthly Meeting

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
Sch: 3/5 Rpt: 8/10	The Republican Club of Bee County PAC	00018747
Date	5 Payee name	
06/06/2023	Pizza Hut	
Amount (\$)	7 Payee Address; City; State; Zip	
80.68	2400 N. St. Mary's	
Expenditure from		
corporate funds	Beeville, TX 78102	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required. Monthly Meeting
Date	Payee name	
04/05/2023	Sambo's Storage	
Amount (\$)	Payee Address; City; State; Zip	
869.00	2100 Ellis Rd	
Expenditure from		
corporate funds	Beeville, TX 78102	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required. Storage Rental
EXPENDITURE	onice overhead/tental Expense	Storage Renta
Date	Payee name	
03/06/2023	Simmon's Bank	
Amount (\$)	Payee Address; City; State; Zip	
5.00	PO Box 7009	
- Expenditure from		
corporate funds	Pine Bluff , AR 71611	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)	
EXPENDITURE	Fees	Bank Fee
Date	Payee name	
04/05/2023	Simmon's Bank	
	Payee Address; City; State; Zip	
Amount (\$)		
Amount (\$)	PO Box 7009	
5.00	PO Box 7009	
	PO Box 7009 Pine Bluff , AR 71611	
5.00 Expenditure from corporate funds PURPOSE	Pine Bluff , AR 71611 (a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.
5.00 Expenditure from corporate funds	Pine Bluff , AR 71611	(b) Description (See instructions regarding type of information required. Bank Fee

Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/10	The Republican Club of Bee County PAC	00018747
Date	5 Payee name	
05/02/2023	Simmon's Bank	
Amount (\$)	7 Payee Address; City; State; Zip	
5.00	PO Box 7009	
Expenditure from		
corporate funds	Pine Bluff , AR 71611	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Service Charge
EXPENDITURE		
Date	Payee name	
06/05/2023	Simmon's Bank	
Amount (\$)	Payee Address; City; State; Zip	
5.00	PO Box 7009	
Expenditure from		
corporate funds	Pine Bluff , AR 71611	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	
OF EXPENDITURE	Fees	Service Charge
Date	Payee name	
02/06/2023	Simmon's Bank	
Amount (\$)	Payee Address; City; State; Zip	
	PO Box 7009	
5.00		
Expenditure from corporate funds	Pine Bluff , AR 71611	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Fees	Service Charge
	-	
Date	Payee name	
02/06/2023	Simmon's Bank	
Amount (\$)	Payee Address; City; State; Zip	
5.00	PO Box 7009	
Expenditure from corporate funds	Pine Bluff , AR 71611	
	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Fees	Service Charge
EXPENDITURE		

	The Instruction Guide explains how to complete this form.
Total pages Schedule I: Sch: 5/5 Rpt:	2       FILER NAME       3       Filer ID       (Ethics Commission Filer         The Republican Club of Bee County PAC       00018747
Date	5 Payee name
05/18/2023	WalMart
Amount (\$)	7 Payee Address; City; State; Zip
65.48	502 FM 351
Expenditure from	
corporate funds	Beeville, TX 78102         (a) Category (See instructions for examples of acceptable categories)         (b) Description         (See instructions regarding type of information required
PURPOSE OF	Office Overhead/Rental Expense Supplies
EXPENDITURE	