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) 00055443 3 COMMITTEE NAME **OFFICE USE ONLY** Fannin County Republican Women Date Received **ELECTRONICALLY FILED** 01/07/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 712 Date Hand-delivered or Date Postmarked Change of Address Bonham, TX 75418 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Iris NAME NICKNAME LAST **SUFFIX** Paul STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1611 County Road 2605 STREET **ADDRESS** (Residence or Business) Bonham, TX 75418 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1611 County Road 2605 MAILING **ADDRESS** Bonham, TX 75418 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 514-3059 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 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

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Fannin County Repul	olican Women		00055443	
14 COMMITTEE ACTIVITY	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		
	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	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	5,855.46
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,245.46
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	1,561.96
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,596.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,277.87
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mrs. Ir	ris Paul	
		Signature of Car	mpaign Treasur	er
AFFIX NOTAR	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 13
17 COMMITT	EE NAME Dunty Republican Women	18 Filer ID 00055443	(Ethics Commission	n Filers)
		00000110	1	
19 SCHEDUL NAME OF	SUBTOTAL AI	MOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,245.46
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	S	\$	6,596.36
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 CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1		
	The Instruc	ction Guide explains how to complete th	nis form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/13		
2	FILER NAME Fannin Coun	ty Republican Women		3	Filer ID (Ethics Commission 00055443	n Filers)	
4	Date 07/17/2023 5 Full name of contributor out-of-state PAC (ID#:) Carrel, Kay 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$150.00		
_		Bonham, TX 75418		Ţ			
8	Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instruction:	ıs)			
	Date Full name of contributor out-of-state PAC (ID#:) 07/17/2023 Carrel, Kay Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00		
	Principal occu	Bonham, TX 75418 pation / Job title (See Instructions)	Employer (See Instruction	 ns)			
	Retired						
	Date 07/01/2023	Full name of contributor uut-of-state PAC (Clemons, Deloris Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$75.00	
		Bonham, TX 75418					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 07/01/2023	Full name of contributor out-of-state PAC (Clemons, Deloris Contributor address; City; State; Zip Code Bonham, TX 75418	(ID#:)		Amount of Contribution (\$)	\$25.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 11/13/2023	Full name of contributor out-of-state PAC (Clemons, Deloris Contributor address; City; State; Zip Code Bonham, TX 75418	(ID#:)		Amount of Contribution (\$)	\$30.00	
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instruction	ns)			

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	SCHEDULE A1	
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/13		
2	FILER NAME Fannin Coun	ty Republican Women		3	Filer ID (Ethics Commission 00055443	n Filers)	
4	Date 11/13/2023 5 Full name of contributor out-of-state PAC (ID#:) Clemons, Deloris 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_	Deignaignal	Bonham, TX 75418	O Frankrija (Caa kastuustia ra	<u></u>			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 11/15/2023 Goodwater, Walter (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00		
	Principal occu	Bonham, TX 75418 pation / Job title (See Instructions)	Employer (See Instructions	·/			
	Retired	Jalion / Job title (See mstructions)	Employer (See instructions	·)			
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Goodwater, Walter (Mr.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$180.00	
		Bonham, TX 75418					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 11/13/2023	Full name of contributor out-of-state PAC (ID#:_ Goodwater, Walter (Mr.) Contributor address; City; State; Zip Code Bonham, TX 75418			Amount of Contribution (\$)	\$20.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 07/12/2023	Full name of contributor out-of-state PAC (ID#:_ Harjo, Carolyn Contributor address; City; State; Zip Code Windom, TX 75492			Amount of Contribution (\$)	\$150.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
		,					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/13	
2	FILER NAME Fannin Cour	nty Republican Women		3	Filer ID (Ethics Commissio 00055443	n Filers)
4 Date 07/12/2023 5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$85.00		
	Dringing coor	Windom, TX 75492	Employer (See Instructions	<u>,,</u>		
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 12/05/2023	Full name of contributor out-of-state PAC (ID#:_ Harjo, Carolyn Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
		Windom, TX 75492				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 08/22/2023	Full name of contributor)		Amount of Contribution (\$)	\$245.00
	Principal occu	Bonham, TX 75418 pation / Job title (See Instructions)	Employer (See Instructions	 ;)		
	Nurse					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/7 Rpt: 7/13	Fannin County Republican Women 00055443
4 Date	5 Payee name
07/15/2023	Amazon.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$200.20	410 Terry Ave. N
Expenditure from corporate funds	Seattle, WA 98109
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Paper goods Membership Brunch
	. apoi goodo memoromp zranon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-1-	
Date	Payee name
12/04/2023	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$156.40	410 Terry Ave. N
Expenditure from	
corporate funds	Seattle, WA 98109
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 Office Supplies internet purchase
	Office Supplies interfiet purchase
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/29/2023	Bonham Best Storage
Amount (\$)	Payee address; City; State; Zip Code
\$825.00	2614 N Center St.
Expenditure from	
corporate funds	Bonham, TX 75418
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Storage Unit
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 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
OTHER (other a cottographed listed above)

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: 2/7 Rpt: 8/13	Fannin County Republican Women 00055443
4 Date	5 Payee name
07/28/2023	Fannin County Republican Party
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code PO Box 83
Expenditure from corporate funds	Randolph, TX 75475
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/11/2023	Legacy Ridge Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	2201 Country Club Rd
φ100.00	2201 Country Club Nu
Expenditure from corporate funds	Bonham, TX 75418
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.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Membership Tea Room Rental
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/21/2023	Legacy Ridge Country Club
Amount (\$)	Payee address; City; State; Zip Code
\$320.00	2201 Country Club Rd
Expenditure from corporate funds	Bonham, TX 75418
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Meeting Rental
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Candidate/Officeholder/Politica		aries/Wages/Contract Labor OTHER (enter a category not listed above))
Credit Card Payment	The Instruction Guide explains how to	to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission	Filers)
Sch: 3/7 Rpt: 9/13	Fannin County Republican Women	00055443	
4 Date	5 Payee name	•	
11/01/2023	Legacy Ridge Country Club		
6 Amount (\$)	7 Payee address; City; State; Zip	p Code	
\$280.00	2201 Country Club Rd		
Expenditure from corporate funds	Bonham, TX 75418		
8 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.	
EXI ENDITORE		Check if Austin, TX, officeholder living expense	
		Meeting Rental	
O Complete ONLY if direct	Condidate/Office holder name Office	Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held	
	Г		
Date	Payee name		
11/14/2023	Legacy Ridge Country Club		
Amount (\$)	Payee address; City; State; Zip	p Code	
\$280.00	2201 Country Club Rd		
Expenditure from			
corporate funds	Bonham, TX 75418		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting Rental	
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held	
expenditure to benefit C/O	Н		
Date	Payee name		
12/04/2023	Market Street		
Amount (\$)	Payee address; City; State; Zip	p Code	
\$262.58	6100 W. Eldorado Pkwy.		
Expenditure from corporate funds	McKinney, TX 75070		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin, TX, officeholder living expense	
		Christmas meeting meat	
0 1 6		277	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		e sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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: 4/7 Rpt: 10/13	Fannin County Republican Women 00055443
4 Date	5 Payee name
07/19/2023	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	515 Capital of TX Hwy, Suite 133
Expenditure from	
corporate funds	Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership Dues
	Membership Bues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/14/2023	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy, Suite 133
Ψ23.00	515 Suprial of TX Tiwy, Suite 155
Expenditure from corporate funds	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Power name
07/28/2023	Payee name TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy, Suite 133
Expenditure from	Averting TV 7074C
corporate funds	Austin, TX 78746
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership Dues
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 Candidate/Officeholder/Political Committee

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

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
OTHER (outer a category not listed above)

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: 5/7 Rpt: 11/13	Fannin County Republican Women 00055443
4 Date	5 Payee name
11/01/2023	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$595.00	515 Capital of TX Hwy, Suite 133
— Foresedit we from	
Expenditure from corporate funds	Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership Dues
	monipoletiip Bucc
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/13/2023	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$550.00	515 Capital of TX Hwy, Suite 133
Ψ000.00	old Suprial of 17. Timy, Suite 166
Expenditure from corporate funds	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Membership Dues
	Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 11/13/2023	Payee name TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy, Suite 133
Expenditure from	A . (f TV 70740
corporate funds	Austin, TX 78746
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Membership Dues
	monipolicing Edge
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 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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 6/7 Rpt: 12/13	Fannin County Republican Women 00055443
4 Date	5 Payee name
12/05/2023	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$253.00	515 Capital of TX Hwy, Suite 133
Expenditure from	
corporate funds	Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Dues
	Dues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/05/2023	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$304.50	515 Capital of TX Hwy, Suite 133
Expenditure from corporate funds	Austin, TX 78746
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Patron expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
07/14/2023	Vista Print
Amount (\$) \$169.80	Payee address; City; State; Zip Code 95 Hayden Ave. 02421
\$109.80	95 Hayuen Ave. 02421
Expenditure from corporate funds	Lexington, MA 02421
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Printing Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Invites Patriotic Brunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to beliefft C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Committee	Gift/Awards/Memorials Exper Legal Services The Instruction Guide 6	nse Printing I Salaries/	Wages/Contract Labor	Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 7/7 Rpt: 13/13		nty Republican Won	nen		00055443	
4	Date	5 Payee name				·	
	11/14/2023	Vista Print					
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip C	ode		
	\$112.92	95 Hayden	Ave. 02421				
	Expenditure from corporate funds	Lexington,	MA 02421				
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE	Printing Exp			. —	el outside of Texas. Com	
						tin, TX, officeholder living	g expense
					Invites Coo	kie Eveni	
9	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office so	ught	Office he	eld