

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087557	2 Total pages filed: 16
3 COMMITTEE NAME Coryell County Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/10/2024	
		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 1912 Wanda St. Copperas Cove, TX 76522		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Teresa L.	
	NICKNAME	LAST	SUFFIX
		Mitchell Compston	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1912 Wanda St. Copperas Cove, TX 76522		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1912 Wanda St. Copperas Cove, TX 76522		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(254)	466-8129	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 THROUGH Month Day Year 07/01/2023 12/31/2023		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input 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

12 COMMITTEE NAME Coryell County Republican Women	13 Filer ID (Ethics Commission Filers) 00087557
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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 Republican
		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	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	\$ 1,256.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,649.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,656.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,560.85
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. Teresa L. Mitchell Compston

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

17 COMMITTEE NAME Coryell County Republican Women		18 Filer ID (Ethics Commission Filers) 00087557
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,649.50
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,656.46
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 145.60

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 Date 07/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay 6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522	7 Amount of Contribution (\$) \$513.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay Contributor address; City; State; Zip Code Copperas Cove, TX 76522	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Gay	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Kirby	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Kirby	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 09/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Kirby	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)
Date 10/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Kirby	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 Date 11/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lack, Kirby 6 Contributor address; City; State; Zip Code Copperas Cove, TX 76522	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Pastor		9 Employer (See Instructions)

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 7/16

2 FILER NAME
Coryell County Republican Women

3 Filer ID (Ethics Commission Filers)
00087557

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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.

1 Total pages Schedule F1: Sch: 1/6 Rpt: 9/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
4 Date 08/25/2023	5 Payee name Best Buy	
6 Amount (\$) \$63.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3209 E. Central Tx Expy Killeen, TX 76548	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Square - for sales	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Use for taking payments
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2023	Payee name Bravenet Web Service	
Amount (\$) \$287.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1722 McCarter St Parksville British Columbia V9P2H5 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/07/2023	Payee name Bravenet Web Service	
Amount (\$) \$49.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1722 McCarter St Parksville V9P2H5 Canada	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Web Service	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Service
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.

1 Total pages Schedule F1: Sch: 2/6 Rpt: 10/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
4 Date 09/29/2023	5 Payee name Cali Signs	
6 Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code E. 210 W. Ave E Copperas Cove, TX 76522	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/22/2023	Payee name Canva	
Amount (\$) \$119.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 110 Kippax St. New South Wales 2010 Australia	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphics for club
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2023	Payee name Copperas Cove Rotary Club	
Amount (\$) \$193.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 1282 Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Solar Glasses
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.

1 Total pages Schedule F1: Sch: 3/6 Rpt: 11/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
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4 Date 10/07/2023	5 Payee name H.E.B. Grocery Store
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6 Amount (\$) \$27.73 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1207 E. Main Street Gatesville, TX 76528
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for Meet and Greet
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/07/2023	Payee name Junction 36 Restaurant
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Amount (\$) \$10.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1216 TX 36 North Gatesville, TX 76528
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(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 for Meet and Greet
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/26/2023	Payee name Kiser, Berta
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Amount (\$) \$61.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 908 Holly Copperas Cove, TX 76522
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caterer
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 4/6 Rpt: 12/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
4 Date 09/23/2023	5 Payee name Kiser, Berta	
6 Amount (\$) \$61.11 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 908 Holly Copperas Cove, TX 76522	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2023	Payee name Kiser, Berta	
Amount (\$) \$34.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 908 Holly Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/18/2023	Payee name Kiser, Berta	
Amount (\$) \$43.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 908 Holly Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering
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.

1 Total pages Schedule F1: Sch: 5/6 Rpt: 13/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
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4 Date 11/17/2023	5 Payee name Sam's Club
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6 Amount (\$) \$51.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 600 W Central Tx Expy Harker Heights, TX 76548
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Snacks for meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 08/21/2023	Payee name Texas Federation Republican Women, TFRW
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Amount (\$) \$25.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/01/2023	Payee name Texas Federation Republican Women, TFRW
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Amount (\$) \$75.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 14/16	2 FILER NAME Coryell County Republican Women	3 Filer ID (Ethics Commission Filers) 00087557
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4 Date 12/08/2023	5 Payee name Texas Federation Republican Women, TFRW
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6 Amount (\$) \$450.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 171146 Austin, TX 78717-0041
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/29/2023	Payee name VP , Printing
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Amount (\$) \$56.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1805 Florence Rd #18 Killeen, TX 76541
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing / tri-folds
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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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/2 Rpt: 15/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 Date 09/13/2023	5 Name of person from whom amount is received Bravenet Web Service	8 Amount (\$) \$143.88
	6 Address of person from whom amount is received; City; State; Zip Code Parksville British Columbia V9P2H5 Canada	
	7 Purpose for which amount is received Refund from being charged twice <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/31/2023	Name of person from whom amount is received Cadence Bank	Amount (\$) \$0.11
	Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	
	Purpose for which amount is received interest on checking account <input type="checkbox"/> Check if political contribution returned to filer	
Date 08/31/2023	Name of person from whom amount is received Cadence Bank	Amount (\$) \$0.31
	Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	
	Purpose for which amount is received Interest on checking acct <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/29/2023	Name of person from whom amount is received Cadence Bank	Amount (\$) \$0.29
	Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	
	Purpose for which amount is received Interest on checking acct <input type="checkbox"/> Check if political contribution returned to filer	
Date 10/31/2023	Name of person from whom amount is received Cadence Bank	Amount (\$) \$0.31
	Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	
	Purpose for which amount is received Interest on checking acct <input type="checkbox"/> Check if political contribution returned to filer	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/2 Rpt: 16/16
2 FILER NAME Coryell County Republican Women		3 Filer ID (Ethics Commission Filers) 00087557
4 Date 11/30/2023	5 Name of person from whom amount is received Cadence Bank <hr/> 6 Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	8 Amount (\$) \$0.35
7 Purpose for which amount is received Interest on checking acct <input type="checkbox"/> Check if political contribution returned to filer		
Date 12/29/2023	Name of person from whom amount is received Cadence Bank <hr/> Address of person from whom amount is received; City; State; Zip Code Copperas Cove, TX 76522	Amount (\$) \$0.35
Purpose for which amount is received Interest on checking acct <input type="checkbox"/> Check if political contribution returned to filer		