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) 00055384 3 COMMITTEE NAME **OFFICE USE ONLY** Harrison County Republican Women Date Received **ELECTRONICALLY FILED** 01/06/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 200 W. Houston st. Rm 331 Date Hand-delivered or Date Postmarked Change of Address Marshall, TX 75670 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sherry L. NAME NICKNAME LAST **SUFFIX** Rushing STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4400 Jeff Davis St. STREET **ADDRESS** (Residence or Business) Marshall, TX 75672 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4400 Jeff Davis St. MAILING **ADDRESS** Marshall, TX 75672 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 926-6413 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 χ Primary Runoff Other 03/05/2024 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)			
Harrison County Repub	00055384	1		
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 x check here if this report	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,553.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	6,185.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	18,556.93		
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Sherry L	Rushing	
		Signature of Ca	mpaign Treas	urer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	icer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

3 of 12					
17 CON	/MITTE	(Ethics Commis	sion Filers)		
Har	rison C		,		
19 SCH	IEDULE	E SUBTOTALS			
NAM	IE OF	SCHEDULE		SUBTOTA	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,553.00
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	ш_			•	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ıR		
4.	Ш	ORGANIZATION		\$	
		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION	THOIR OIL	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.	П	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		\$	
	Ш_	ORGANIZATION			
	\Box	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (
8.	Ш	SCHEDOLE D. FLEDGED CONTRIBOTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
	_				
9.	Ш	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	6,185.21
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<u> </u>	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ANS.	6	
12.	Ш	SCHEDOLETS. FORCHASE OF INVESTMENTS FROM FOLHICAE CONTRIBOTION	5113	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	475.60
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
		TOTILLIN		<u> </u>	
i					
ı					

FARY POLITICAL CONTRIBUT	TIONS	SCHEDULE A1
uction Guide explains how to complete thi	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/12	
eunty Republican Women		3 Filer ID (Ethics Commission Filers) 00055384
5 Full name of contributor uut-of-state PAC (II	7 Amount of Contribution (\$) \$11,553.00	
MARSHALL, TX 75670		
upation / Job title (See Instructions)	9 Employer (See Instruction	is)
	totion Guide explains how to complete this bunty Republican Women 5 Full name of contributor out-of-state PAC (II HARRISON COUNTY REPUBLICAN WOME 6 Contributor address; City; State; Zip Code MARSHALL, TX 75670	bunty Republican Women 5 Full name of contributor out-of-state PAC (ID#:) HARRISON COUNTY REPUBLICAN WOMEN 6 Contributor address; City; State; Zip Code MARSHALL, TX 75670

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	<i>(e)</i>
1 Total pages Schedule I	F1: 2 FILER NAME 3 Filer ID (Ethics Commission	n Filers)
Sch: 1/7 Rpt: 5/12	2 Harrison County Republican Women 00055384	
4 Date	5 Payee name	
12/15/2023	Alford, Jane (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$30.	.60 703 Ambassador	
Expenditure from		
corporate funds	Marshall, TX 75672	
8 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	
	cards	
9 Complete ONLY if direct		
expenditure to benefit (C/OH	
Date	Payee name	
09/15/2023	Blue Frog	
Amount (\$)	Payee address; City; State; Zip Code	
\$385.0	.00 208 N Washington	
Expenditure from		
corporate funds	Marshall, TX 75670	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	SEPT. MEETING	
Complete ONLY if direct expenditure to benefit (v	
experiditure to benefit (COOR	
Date	Payee name	
07/21/2023	CHILL'UM	
Amount (\$)	Payee address; City; State; Zip Code	
\$422.	.18 13983 FM 449	
Expenditure from	11A11 OVIULE TV 75050	
corporate funds	HALLSVILLE, TX 75650	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	JULY MONTHLY MEETING LUNCH	
Complete ONLY if direct expenditure to benefit (
experience to benefit (S.G.1	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 2/7 Rpt: 6/12	Harrison County Republican Women 00055384
4 Date	5 Payee name
10/13/2023	COX, PENNY
6 Amount (\$) \$54.13	7 Payee address; City; State; Zip Code 6376 US HWY 59 S.
Expenditure from corporate funds	MARSHALL, TX 75670
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	REIMB. PROGRAMING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
07/21/2023	EBARB, JUDITH
Amount (\$)	Payee address; City; State; Zip Code
\$60.47	P. O. BOX 533
Expenditure from	
corporate funds	HARLETON, TX 75651
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	COPIES
Commission ONII V if direct	Condidate/Officeholder name Office county
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/15/2023	ELKS LODGE
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	411 E. AUSTIN
Expenditure from corporate funds	MARSHALL, TX 75670
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	rental for meetings
Complete <u>ONLY</u> 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 Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense

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

Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment	
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 2	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/7 Rpt: 7/12	Harrison County Republican Women 00055384
4 Date 5	Payee name
10/09/2023	GEORGE, DARRELL
6 Amount (\$) 7	Payee address; City; State; Zip Code
\$150.00	711 JASPER DR
,	
Expenditure from	MADCHALL TV 75070
corporate funds	MARSHALL, TX 75672
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	SOUND MAN AT COLUMBUS DAY BANQUET
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
10/09/2023	GOLDEN CARRAL
Amount (\$)	
\	
\$1,165.20	5012 E. END BLVD.S
Expenditure from	
corporate funds	MARSHALL, TX 75672
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
	COLUMBUS DINNER
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
12/28/2023	GOLDEN CARRAL
Amount (\$)	Payee address; City; State; Zip Code
\$539.55	5012 E. END BLVD.S
Evnondituro from	
Expenditure from corporate funds	MARSHALL, TX 75672
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
	dec meeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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:	
Sch: 4/7 Rpt: 8/12	Harrison County Republican Women 00055384
4 Date	5 Payee name
11/17/2023	JOSE TEQUILAS
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$385.00	1205 E. END BLVD.
Expenditure from corporate funds	MARSHALL, TX 75671
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	SEPT MEETING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ехрениците то репени С/ОГ	1
Date	Payee name
08/01/2023	LAY, CATHY
Amount (\$)	Payee address; City; State; Zip Code
\$47.35	299 MARYLAND
Expenditure from corporate funds	MARSHALL, TX 75670
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	POSTAGE TO SEND TROUPS PACKAGES
Commission Chill V If all a	Condidate/Officeholder come
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payros namo
08/18/2023	Payee name
	PIC-N-PAY
Amount (\$)	Payee address; City; State; Zip Code
\$352.00	500 E. TRAVIS ST.
Expenditure from	
corporate funds	MARSHALL, TX 75670
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	AUGUST MEETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiolitile to belieff C/OI	

SCHEDULE F1

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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to comple	` , ,
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
Sch: 5/7 Rpt: 9/12	Harrison County Republican Women	00055384
4 Date	5 Payee name	
10/09/2023	RIVER CROSSING COWBOY CHURCH	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$350.00	475 HENDERSON RD	
Expenditure from corporate funds	MARSHALL, TX 75670	
8 PURPOSE OF	, , ,	Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		BUILDING FOR COLUMBUS DAY BANQUET
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialitie to beliefit C/OI	·	
Date	Payee name	
09/21/2023	SMART ADVERTISING	
Amount (\$)	Payee address; City; State; Zip Code	
\$280.35	1401 S. WASHINGTON	
Expenditure from corporate funds	MARSHALL, TX 75670	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		PENS
		. 2.10
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		0.1100 1.5.12
Data		
Date	Payee name	
10/09/2023	TOLAND, SCOTT (Sen.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$575.76	1900 Pennsylvania avenue	
Expenditure from		
corporate funds	WASHINGTON, DC 20001	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense SPEAKER EXPENSES
		SPEARER EXPENSES
One of the ONE Wife disease	Open distants (Office Includes a page 1	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		tee l	-ood/Beverage Expens Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FIL	ER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 6/7 Rpt: 10/12	На	ırrison Coı	unty Republicar	n Women					00055384	
4	Date	5 Pa	yee name								
	09/07/2023	TU	INNELS C	F TOWERS							
6	Amount (\$)	7 Pa	yee addres	s; City;	State;	Zip Co	ode				
	\$200.00	23	61 HYLAN	I BLVD.							
	Expenditure from corporate funds	ST	ATEN ISL	AND, NY 1030	6						
8	PURPOSE	(a) Ca	tegory (See	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				므			plete Schedule T.
		Ca	ındidate/O	fficeholder/Polit	tical Comm	ittee		_	, TX,	officeholder living	expense
								DONATION			
9	Complete ONLY if direct expenditure to benefit C/O		didate/Offic	eholder name	C	ffice sou	ght			Office he	eld
	Date	Pa	yee name								
	07/21/2023	Те	xas Feder	ation of Republ	ican Wome	n					
	Amount (\$)	Pa	yee addres	s; City;	State:	Zip Co	ode				
	\$75.90	l '	•	y 183 Ste J4	,						
	Ψ10.00	=		, 100 010 0 .							
	Expenditure from corporate funds	Au	stin, TX 7	8750							
	PURPOSE	(a) Ca	tegory (See	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Fe	es					-			plete Schedule T.
									, TX,	officeholder living	expense
								MONTHLY			
	Complete ONLY if direct expenditure to benefit C/O		didate/Offic	eholder name	С	ffice sou	ght			Office he	eld
	Date	Pa	yee name								
	08/31/2023	l '	•	ation of Republ	ican Wome	n					
	Amount (\$)		yee addres			Zip Co	nde				
	\$291.52	l '		y 183 Ste J4	oidio,	p 00					
	Ψ291.32	13	740 IN I IVV	y 103 Ste 34							
	Expenditure from corporate funds	Au	stin, TX 7	8750							
	PURPOSE	(a) Ca	tegory (See	e Categories listed at th	e top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Tra	avel Out o	f District				ш			plete Schedule T.
								_		officeholder living	expense
								CONVENTIO	IN/F	10 I EL	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		didate/Offic	eholder name	О	ffice sou	ght			Office he	eld
L	expenditure to belieff C/Of										

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

simbursement Solicitation/Fundraising Expense
ntal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not 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: 7/7 Rpt: 11/12	2 FILER NAME Harrison County Republican Women 3 Filer ID (Ethics Commission Filers) 00055384
4 Date	5 Payee name
07/18/2023	UPS STORE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$30.20	P. O. Box 9998
Expenditure from corporate funds	Marshall, TX 75671
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	PRINT TICKETS
O Committee ONII Wife discret	On did to 10 ff as hald a grant Off as south
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/07/2023	WOUNDED WARRIORS
Amount (\$)	Payee address; City; State; Zip Code
\$200.00	4899 BELFORT ROAD
Expenditure from corporate funds	JACKSONVILLE, FL 32256
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	DONATION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
11/18/2023	WREATHS ACROSS AMERICA
Amount (\$)	Payee address; City; State; Zip Code
\$340.00	P. O. BOX 249
Expenditure from corporate funds	COLUMBIA FALLS, ME 04623
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	MEMORIAL
	WEWOTA C
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 12/12 Harrison County Republican Women 00055384 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/06/2023 Texas Federation of Republican Women Amount (\$) Payee address; City; State; Zip Code \$20.20 13740 N Hwy 183 Ste J4 Expenditure from corporate funds Austin, TX 78750 **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense service charge Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 12/26/2023 Texas Federation of Republican Women Amount (\$) Payee address; City; State; Zip Code \$455.40 13740 N Hwy 183 Ste J4 Expenditure from Austin, TX 78750 corporate funds **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description