

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|   |  |   |                                   |
|---|--|---|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00083190   | <b>2</b> Total pages filed:<br>16 |
| <b>3</b> COMMITTEE NAME<br>San Angelo Republican Women  |  | <b>OFFICE USE ONLY</b>  |                                   |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>01/15/2024   |                                   |
|   |  | Date Hand-delivered or Date Postmarked  |                                   |
|   |  | Receipt #   | Amount                            |
|   |  | Date Processed  |                                   |
|   |  | Date Imaged   |                                   |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO BOX 62472<br><br>San Angelo, TX 76906   |   |                                   |
|   | <b>5</b> CAMPAIGN TREASURER NAME<br><br>MS / MRS / MR FIRST MI<br>Guadalupe<br><hr/> NICKNAME LAST SUFFIX<br>Gomez   |   |                                   |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br><small>(Residence or Business)</small>      | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>3825 Tridens Trl.<br><br>San Angelo, TX 76904   |   |                                   |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>3825 Tridens Trl.<br><br>San Angelo, TX 76904  |   |                                   |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(325) 227-5730   |   |                                   |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |   |                                   |
| <b>10</b> PERIOD COVERED  | Month Day Year      Month Day Year<br>07/01/2023      THROUGH      12/31/2023  |   |                                   |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month Day Year  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><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

|   |   |
|---|---|
| <b>12 COMMITTEE NAME</b><br>San Angelo Republican Women | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00083190 |
|---|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |  |    |          |
|-------------------------------|--|----|----------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ | 3,803.38 |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |          |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>  | \$ | 4,003.38 |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ | 188.81   |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ | 4,854.04 |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 3,338.73 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ | 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.

Guadalupe Gomez  
\_\_\_\_\_  
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

|   |   |   |
|---|---|---|
| <b>17 COMMITTEE NAME</b><br>San Angelo Republican Women |   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00083190 |
| <b>19 SCHEDULE SUBTOTALS</b>                            |   | <b>SUBTOTAL AMOUNT</b>                                    |
|   | NAME OF SCHEDULE  |   |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 3,655.00   |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                   | \$ 348.38   |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.  | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION               | \$  |
| 5.  | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$  |
| 6.  | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                     | \$  |
| 7.  | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 8.  | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$  |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 0.00   |
| 10.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS              | \$ 4,854.04   |
| 11.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 12.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                        | \$  |
| 13.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$  |
| 14.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                      | \$  |
| 15.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>      |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/16    |
| <b>2</b> FILER NAME<br>San Angelo Republican Women                    |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> Date<br>07/10/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>GUNTER, BRENDA (Miss)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>SAN ANGELO, TX 76901 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>MAYOR |   | <b>9</b> Employer (See Instructions)<br>CITY OF SAN ANGELO |

# LOANS

## SCHEDULE E

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 5/16   |
| <b>2</b> FILER NAME<br>San Angelo Republican Women                         |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00   |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)  |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate  |
|  |  | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)              |  | <b>13</b> Employer (See Instructions)  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor  | <b>19</b> Amount Guaranteed (\$)   |
|  | <b>18</b> Guarantor address; City; State; Zip Code                             |  |
| <b>20</b> Principal occupation   |  | <b>21</b> 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/11 Rpt: 6/16 | <b>2</b> FILER NAME<br>San Angelo Republican Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190 |
|--|--|--|

|                             |                                       |
|-----------------------------|---------------------------------------|
| <b>4</b> Date<br>08/21/2023 | <b>5</b> Payee name<br>ACADEMY SPORTS |
|-----------------------------|---------------------------------------|

|   |   |
|---|---|
| <b>6</b> Amount (\$)<br>\$259.78<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>4351 Sunset Dr<br><br>San Angelo, TX 76904 |
|---|---|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>CANOPIES | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2 CANOPIES |
|---------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>11/03/2023 | Payee name<br>FUENTES CAFE DOWNTOWN |
|--------------------|-------------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$320.09<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>101 S Chadbourne St.<br><br>San Angelo, TX 76903 |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FOOD FOR GENERAL NOV MEMBERSHIP MTG |
|-------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>09/01/2023 | Payee name<br>Q'S PRINTING & DESIGN |
|--------------------|-------------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$253.28<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>20 HOWARD ST.<br><br>SAN ANGELO, TX 76901 |
|--|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>POSTCARDS |
|-------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/11 Rpt: 7/16  | <b>2</b> FILER NAME<br>San Angelo Republican Women   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190  |
| <b>4</b> Date<br>09/05/2023   | <b>5</b> Payee name<br>SAM'S CLUB  |   |
| <b>6</b> Amount (\$)<br>\$283.08<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>5749 Sherwood Way<br><br>San Angelo, TX 76904   |   |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FOOD FOR ASU RAM JAM AND 3 TABLES |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               |  |   |
| Date<br>07/13/2023  | Candidate/Officeholder name<br>Texas Federation of Republican Women                              |   |
| Amount (\$)<br>\$25.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Office sought<br>Office held   |   |
| Date<br>07/13/2023  | Payee name<br>Texas Federation of Republican Women   |   |
| Amount (\$)<br>\$25.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717                    |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>MEMBER DUES           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 MEMBER DUES                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |
| Date<br>07/13/2023  | Candidate/Officeholder name<br>Texas Federation of Republican Women                              |   |
| Amount (\$)<br>\$0.30<br><br><input type="checkbox"/> Expenditure from corporate funds            | Office sought<br>Office held   |   |
| Date<br>07/13/2023  | Payee name<br>Texas Federation of Republican Women   |   |
| Amount (\$)<br>\$0.30<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717                    |   |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FEE                               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |  |   |
| Candidate/Officeholder name<br>Office sought<br>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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/11 Rpt: 8/16 | <b>2</b> FILER NAME<br>San Angelo Republican Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>07/19/2023 | <b>5</b> Payee name<br>Texas Federation of Republican Women |
|-----------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$175.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717 |
|---|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>MEMBER DUES | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 MEMBER DUES |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>07/19/2023 | Payee name<br>Texas Federation of Republican Women |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$2.10<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717 |
|--|---|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FEES |
|------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>08/09/2023 | Payee name<br>Texas Federation of Republican Women |
|--------------------|--|

|  |   |
|--|---|
| Amount (\$)<br>\$507.50<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717 |
|--|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>GOLD PATRON SPONSORSHIP | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 GOLD PATRON SPONSORSHIP |
|------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/11 Rpt: 9/16  | <b>2</b> FILER NAME<br>San Angelo Republican Women                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> Date<br>08/09/2023   | <b>5</b> Payee name<br>Texas Federation of Republican Women                              |  |
| <b>6</b> Amount (\$)<br>\$625.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717   |  |
| <b>8</b> PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 TFRW CONVENTION PAC |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/14/2023  | Payee name<br>Texas Federation of Republican Women                                       |  |
| Amount (\$)<br>\$25.00<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717            |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>MEMBER DUES   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 MEMBER DUES         |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>09/14/2023  | Payee name<br>Texas Federation of Republican Women                                       |  |
| Amount (\$)<br>\$0.30<br><br><input type="checkbox"/> Expenditure from corporate funds            | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717            |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FEE                      |
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/11 Rpt: 10/16  | <b>2</b> FILER NAME<br>San Angelo Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> Date<br>09/14/2023  | <b>5</b> Payee name<br>Texas Federation of Republican Women   |  |
| <b>6</b> Amount (\$)<br>\$25.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717                    |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>2023 HOSPITALITY DONATION      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023 HOSPITALITY DONATION      |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/14/2023   | Payee name<br>Texas Federation of Republican Women  |  |
| Amount (\$)<br>\$0.30<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717                             |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>FEE                            |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/14/2023   | Payee name<br>Texas Federation of Republican Women  |  |
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717                             |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>2023-2024 SCHOLARSHIP DONATION | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2023-2024 SCHOLARSHIP DONATION |
| 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/11 Rpt: 11/16  | <b>2</b> FILER NAME<br>San Angelo Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> Date<br>11/07/2023  | <b>5</b> Payee name<br>Texas Federation of Republican Women                                 |  |
| <b>6</b> Amount (\$)<br>\$20.20<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717      |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2024 ANNUAL SERVICE CHARGE |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/07/2023   | Payee name<br>Texas Federation of Republican Women  |  |
| Amount (\$)<br>\$725.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717               |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>2024 MEMBER DUES | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2024 MEMBER DUES           |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/07/2023   | Payee name<br>Texas Federation of Republican Women  |  |
| Amount (\$)<br>\$8.70<br><br><input type="checkbox"/> Expenditure from corporate funds           | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717               |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2024 FEES                  |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/11 Rpt: 12/16 | <b>2</b> FILER NAME<br>San Angelo Republican Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190 |
|---|--|--|

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|-----------------------------|---|
| <b>4</b> Date<br>12/06/2023 | <b>5</b> Payee name<br>Texas Federation of Republican Women |
|-----------------------------|---|

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| <b>6</b> Amount (\$)<br>\$300.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717 |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>2024 MEMBER DUES | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2024 MEMBER DUES |
|---------------------------------|---|--|

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| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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| Date<br>12/06/2023 | Payee name<br>Texas Federation of Republican Women |
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| Amount (\$)<br>\$3.60<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>PO Box 171146<br><br>Austin, TX 78717 |
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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>2024 FEES |
|-------------------------------|---|---|

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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<br>07/17/2023 | Payee name<br>Tom Green County Republican Party |
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|---|--|
| Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>2525 Johnson St., Ste. A<br><br>San Angelo, TX 76904 |
|---|--|

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| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>JULY RENTAL COST FOR MTHLY BOARD MTG |
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| 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 8/11 Rpt: 13/16  | <b>2</b> FILER NAME<br>San Angelo Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190  |
| <b>4</b> Date<br>08/21/2023  | <b>5</b> Payee name<br>Tom Green County Republican Party  |   |
| <b>6</b> Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2525 Johnson St., Ste. A<br><br>San Angelo, TX 76904     |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>AUG RENTAL COST FOR MTHLY BOARD MTG |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>09/18/2023   | Payee name<br>Tom Green County Republican Party   |   |
| Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>2525 Johnson St., Ste. A<br><br>San Angelo, TX 76904              |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>JULY RENTAL COST FOR MTHLY BOARD MTG       |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>11/27/2023   | Payee name<br>Tom Green County Republican Party   |   |
| Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Expenditure from corporate funds         | Payee address; City; State; Zip Code<br>2525 Johnson St., Ste. A<br><br>San Angelo, TX 76904              |   |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>OCT & NOV RENTAL COST FOR MTHLY BOARD MTG  |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/11 Rpt: 14/16 | <b>2</b> FILER NAME<br>San Angelo Republican Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190 |
|---|--|--|

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| <b>4</b> Date<br>12/29/2023 | <b>5</b> Payee name<br>Tom Green County Republican Party |
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| <b>6</b> Amount (\$)<br>\$50.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>2525 Johnson St., Ste. A<br><br>San Angelo, TX 76904 |
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| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>DEC RENTAL COST FOR MTHLY BOARD MTG |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--------------------|
| Date<br>11/28/2023 | Payee name<br>USPS |
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| Amount (\$)<br>\$226.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1 N Abe St<br><br>San Angelo, TX 76903 |
|--|--|

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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>P.O BOX | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>YEARLY COST FOR PO BOX |
|------------------------|--|--|

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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<br>07/10/2023 | Payee name<br>Veterans of Foreign Wars |
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|---|---|
| Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903 |
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| PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE |
|------------------------|---|--|

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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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/11 Rpt: 15/16                                       | <b>2</b> FILER NAME<br>San Angelo Republican Women  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190   |
| <b>4</b> Date<br>08/07/2023  | <b>5</b> Payee name<br>Veterans of Foreign Wars   |  |
| <b>6</b> Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903            |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>09/11/2023   | Payee name<br>Veterans of Foreign Wars  |  |
| Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903                     |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE        |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/02/2023   | Payee name<br>Veterans of Foreign Wars  |  |
| Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903                     |  |
| PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE        |
| 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 11/11 Rpt: 16/16 | <b>2</b> FILER NAME<br>San Angelo Republican Women | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083190 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/06/2023 | <b>5</b> Payee name<br>Veterans of Foreign Wars |
|-----------------------------|---|

|  |  |
|--|--|
| <b>6</b> Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903 |
|--|--|

|                                 |   |  |
|---------------------------------|---|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE |
|---------------------------------|---|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>12/04/2023 | Payee name<br>Veterans of Foreign Wars |
|--------------------|--|

|   |   |
|---|---|
| Amount (\$)<br>\$80.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>125 S Browning St<br><br>San Angelo, TX 76903 |
|---|---|

|                               |   |  |
|-------------------------------|---|--|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MTHLY GENERAL MTG RENTAL EXPENSE |
|-------------------------------|---|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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