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) 00029579 3 COMMITTEE NAME **OFFICE USE ONLY** Lubbock Area Republican Women PAC Date Received **ELECTRONICALLY FILED** 01/16/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 6315 Date Hand-delivered or Date Postmarked Change of Address Lubbock, TX 79493-6315 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sharma L. NAME NICKNAME LAST **SUFFIX** Moriarty STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 12513 Quaker Ave. Ste. B STREET **ADDRESS** (Residence or Business) Lubbock, TX 79424 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 12513 Quaker Ave. Ste. B MAILING **ADDRESS** Lubbock, TX 79424 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 470-5277 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|--|--|-----------------|----------------------------|
| Lubbock Area Repub | olican Women PAC | | 00029579 | |
| 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 N | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 7,974.75 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 144,180.97 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | D POLITICAL EXPENDITURES | \$ | 363.84 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 61,645.79 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 91,537.02 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | <u>'</u> | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Sharma L | . Moriarty | |
| | | Signature of Car | npaign Treasu | rer |
| AFFIX NOTA | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said _ | , th | is 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 office | cer administering oath |
| - | - | - | | - |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 68

| | 2 01 00 | | | | | | | | | | | | |
|-----|----------------|--|--------------|------|-------------------------|--|--|--|--|--|--|--|--|
| | | EE NAME | 18 Filer ID | (Eth | nics Commission Filers) | | | | | | | | |
| Lui | obock <i>i</i> | Area Republican Women PAC | 00029579 | | | | | | | | | | |
| | | E SUBTOTALS SCHEDULE | | | SUBTOTAL AMOUNT | | | | | | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 144,180.97 | | | | | | | | |
| 2. | X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 | | | | | | | | | |
| 3. | X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 | | | | | | | | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION |)R | \$ | | | | | | | | | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION | ATION OR | \$ | | | | | | | | | |
| 6. | | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA | ANIZATION | \$ | | | | | | | | | |
| 7. | | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | | | | | | | | | |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C | ORGANIZATION | \$ | _ | | | | | | | | |
| 9. | X | SCHEDULE E: LOANS | | \$ | 0.00 | | | | | | | | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | S | \$ | 61,645.79 | | | | | | | | |
| 11. | X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 | | | | | | | | |
| 12. | Х | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 | | | | | | | | |
| 13. | Х | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 | | | | | | | | |
| 14. | | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | | | | | | | | | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER | RETURNED | \$ | | | | | | | | | |
| | | | | | | | | | | | | | |

| | MONET | ARY POLITICAL C | S | SCHEDULE A1 | | | | |
|---|-------------------------------|--|---|-------------|---|-----------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | rr | n. | 1 | Total pages Schedule A1: Sch: 1/28 Rpt: 4/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/24/2023 | Full name of contributor Agosta, Krysti (Mrs.) Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$900.00 |
| | | Lubbock, TX 79407 | | | | | | |
| 8 | Principal occu Office Mana | pation / Job title (See Instructions ger | s) | 9 | Employer (See Instructions A.S. Dent Shop | 5) | | |
| | Date 11/08/2023 | Full name of contributor Allmon, Sharon Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Lorenzo, TX 79343 pation / Job title (See Instructions |) | | Employer (See Instructions | <u>:)</u> | | |
| | Retired | pation 7 300 the (See manuchons | | | Employer (See Instructions | " | | |
| | Date 12/12/2023 | Full name of contributor Allmon, Sharon Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | |) | | Amount of Contribution (\$) | \$200.00 |
| | | Lorenzo, TX 79343 | | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions |) | | Employer (See Instructions | s) | | |
| | Date 12/12/2023 | Full name of contributor Allmon, Sharon Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | |) | • | Amount of Contribution (\$) | \$45.00 |
| | Principal occu Retired | pation / Job title (See Instructions |) | | Employer (See Instructions | s) | | |
| | Date 10/26/2023 | Full name of contributor Andrews, Randy (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions | () | | Employer (See Instructions Self Employed | s) | | |
| | | | L | | | | | |

| | MONEI | ARY POLITICAL (| | SCHEDULE A1 | | | |
|---|---------------------------------|---|---|---|---|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 2/28 Rpt: 5/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 09/29/2023 | 5 Full name of contributor Angeley, Tammi (Ms.)6 Contributor address; City; St | out-of-state PAC (ID#: | | 7 | Amount of Contribution (\$) | \$35.00 |
| 8 | Principal occu Caterer | Tahoka, TX 79373 pation / Job title (See Instructions | s) s | Employer (See Instructions Self Employed | <u> </u> s) | | |
| | Date 10/30/2023 | Full name of contributor Angeley, Tammi (Ms.) Contributor address; City; Si Tahoka, TX 79373 | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$1,100.00 |
| | Principal occu Caterer | pation / Job title (See Instructions | s) | Employer (See Instructions Self Employed | <u> </u> | | |
| | Date 10/26/2023 | Full name of contributor Baeyens, Michael (Ms.) Contributor address; City; St | out-of-state PAC (ID#: |) | • | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | Abilene, TX 79606 pation / Job title (See Instructions | (5) | Employer (See Instructions | <u> </u> s) | | |
| | Date 10/11/2023 | Full name of contributor Betenbough, Holly Contributor address; City; St | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Board of Dire | pation / Job title (See Instructions | s) | Employer (See Instructions Betenbough Companies | | | |
| | Date 10/26/2023 | Full name of contributor Bienvenido USA Contributor address; City; Si Lubbock, TX 79493 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$5,000.00 |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTIO | | SCHEDULE A1 | | |
|---|--------------------------------|--|---|----------------|---|------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 3/28 Rpt: 6/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 11/15/2023 | Full name of contributor |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| _ | <u> </u> | Lubbock, TX 79493 | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instructions | 5) | | |
| | Date 10/09/2023 | Full name of contributor out-of-state PAC (ID#: Braswell, Mary-Kathryn (Ms.) Contributor address; City; State; Zip Code Idalou, TX 79329 |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 09/25/2023 | Full name of contributor out-of-state PAC (ID#: Brumley, Jan Contributor address; City; State; Zip Code Lubbock, TX 79424 |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> 5) | | |
| | Date 11/16/2023 | Full name of contributor out-of-state PAC (ID#: Brumley, Jan Contributor address; City; State; Zip Code Lubbock, TX 79424 |) | | Amount of Contribution (\$) | \$35.00 |
| | Principal occu Executive As | pation / Job title (See Instructions) | Employer (See Instructions UMC | 5) | | |
| | Date 10/26/2023 | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$3,500.00 |
| | Principal occu Attorney | pation / Job title (See Instructions) | Employer (See Instructions Hamilton Grant Attorney | | Law | |
| | | 1 | | | | |

| | MONET | ARY POLITICAL C | | SCHEDULE A1 | | | |
|--|---------------------------|--|------------------------------------|--------------------------------|----------|---|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 4/28 Rpt: 7/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/30/2023 | 5 Full name of contributor [Campaign for Jody Arringto6 Contributor address; City; Sta | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79401 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 | Employer (See Instructions | 5) | | |
| | Date 09/25/2023 | Full name of contributor [Chamales, Melissa (Mrs.) Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Lubbock, TX 79424-0745 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Homemaker | pation / Job title (See instructions) | | Employer (See manuchoris | ') | | |
| | Date 09/21/2023 | Full name of contributor [Chauncey, Kathy (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#:te; Zip Code | | | Amount of Contribution (\$) | \$22.00 |
| | | Lubbock, TX 79424 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| Date Full name of contributor out-of-state PAC (ID#: | |) | | Amount of Contribution (\$) | \$125.00 | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
| | Date 11/11/2023 | Full name of contributor [Chauncey, Kathy (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions N/A | 5) | | |
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| | MONET | ARY POLITICAL (| | SCHEDULE A1 | | | | |
|---|--------------------------------|--|-------------------------------------|-------------|------------------------------------|--------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | orr | m. | 1 | Total pages Schedule A1: Sch: 5/28 Rpt: 8/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 08/21/2023 | 5 Full name of contributor Cox, Lisa (Mrs.)6 Contributor address; City; St | out-of-state PAC (ID#:_ | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Shallowater, TX 79363 | | _ | | Ĺ | | |
| 8 | Principal occu Self Employe | pation / Job title (See Instructions ed | ;) | 9 | Employer (See Instructions Self | 5) | | |
| | Date 10/30/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; St | | |) | • | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Shallowater, TX 79363 pation / Job title (See Instructions | <u>.)</u> | | Employer (See Instructions | ?) | | |
| | Self Employe | | ,, | | Self | " | | |
| | Date 11/08/2023 | Full name of contributor out-of-state PAC (ID#:) Cox, Lisa (Mrs.) Contributor address; City; State; Zip Code | | | | • | Amount of Contribution (\$) | \$20.00 |
| | | Shallowater, TX 79363 | | | | Ĺ | | |
| | Self Employe | pation / Job title (See Instructions ed | ;) | | Employer (See Instructions Self | 5) | | |
| | Date 11/16/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; Si Shallowater, TX 79363 | out-of-state PAC (ID#:ate; Zip Code | |) | - | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions ed | 5) | | Employer (See Instructions Self | 5) | | |
| | Date 12/12/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; Si Shallowater, TX 79363 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$21.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions ed | s) | | Employer (See Instructions Self | s) | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL (| | SCHEDUI | JLE A1 | | | |
|---|--------------------------------|--|-------------------------|---------|------------------------------------|------------|---|------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orn | n. | 1 | Total pages Schedule A1: Sch: 6/28 Rpt: 9/68 | |
| 2 | FILER NAME Lubbock Are | ea Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 08/21/2023 | 5 Full name of contributorCox, Lisa (Mrs.)6 Contributor address; City; S | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| 8 | Principal occu Self Employe | Shallowater, TX 79363 pation / Job title (See Instructionsed | s) | | Employer (See Instructions Self | <u>;</u>) | | |
| | Date 10/30/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; S Shallowater, TX 79363 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions | 5) | | Employer (See Instructions Self | <u>(</u> | | |
| | Date 11/08/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; S | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$20.00 |
| | • | Shallowater, TX 79363 pation / Job title (See Instructions | 5) | | Employer (See Instructions | 5) | | |
| | Date 11/16/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; S Shallowater, TX 79363 | out-of-state PAC (ID#:_ | | Self | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions ed | s) | | Employer (See Instructions Self | <u> </u> | | |
| | Date 12/12/2023 | Full name of contributor Cox, Lisa (Mrs.) Contributor address; City; S Shallowater, TX 79363 | out-of-state PAC (ID#:_ | |) | | Amount of Contribution (\$) | \$21.00 |
| | Principal occu Self Employe | pation / Job title (See Instructions ed | 5) | | Employer (See Instructions Self | <u> </u> | | |
| | | | | | | | | |

| | MONEI | ARY POLITICAL C | | SCHEDU | .E A1 | | |
|---|--------------------------------|--|-------------------------------------|----------------------------|--------------|--|------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 7/28 Rpt: 10/68 | |
| 2 | FILER NAME | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| _ | | - | <u> </u> | | | | |
| 4 | Date 10/24/2023 | 5 Full name of contributor Crow, Matt (Mr.)6 Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79401 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) 9 | Employer (See Instructions | 5) | | |
| | Communicat | ions Director | | Representative Burrows | 3 | | |
| | Date 11/16/2023 | Full name of contributor Crow, Matt (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$45.00 |
| | | Lubbock, TX 79401 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | | | |
| | Communicat | ions Director | | Representative Burrows | 3 | | |
| | Date 11/02/2023 | Full name of contributor Dalby, Jordyn (Mrs.) Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 |
| | | Lubbock, TX 79407 | | | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Nurse Practi | tioner | | LDDA | | | |
| | Date 09/21/2023 | Full name of contributor Dalby, Mike (Mr.) Contributor address; City; St. Lubbock, TX 79407 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Corporate Pi | pation / Job title (See Instructions lot | | Employer (See Instructions | s) | | |
| | Date 10/05/2023 | Full name of contributor Dalby, Mike (Mr.) Contributor address; City; State of the contributor address of the contributor addre | out-of-state PAC (ID#: | | • | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu Corporate Pi | pation / Job title (See Instructions lot | | Employer (See Instructions | 5) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | IS | SCHEDULE A1 | | | |
|---|---------------------------|---|-----|----------------------------|-----------|--|--|
| | The Instruc | ction Guide explains how to complete this | for | m. | 1 | Total pages Schedule A1: Sch: 8/28 Rpt: 11/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission Filers) 00029579 | |
| 4 | Date 10/30/2023 | Full name of contributor out-of-state PAC (ID#: Davila II, Richard (Mr.) Contributor address; City; State; Zip Code | | | 7 | Amount of Contribution (\$) \$1,000.00 | |
| 8 | Dringinal occu | Lubbock, TX 79414 pation / Job title (See Instructions) | ١۵ | Employer (See Instructions | <u>''</u> | | |
| 0 | Hearing Aid | | " | Livingston Hearing Aid | • | nter | |
| | Date 10/06/2023 | Full name of contributor out-of-state PAC (ID#: Duncan, Colton (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) \$1,000.00 | |
| | Dringing aggr | Lubbock, TX 79424 | _ | Employer (See Instructions | <u>''</u> | | |
| | Political Activ | pation / Job title (See Instructions) vist | | Keri Lake Campaign |) | | |
| | Date 10/30/2023 | Full name of contributor out-of-state PAC (ID#: Dustin Burrows Campaign Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) \$1,000.00 | |
| | | Lubbock, TX 79408 | _ | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 11/16/2023 | Full name of contributor out-of-state PAC (ID#: Dustin Burrows Campaign Contributor address; City; State; Zip Code Lubbock, TX 79408 | |) | • | Amount of Contribution (\$) \$25.00 | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 10/24/2023 | Full name of contributor out-of-state PAC (ID#:_Edwards, Jennifer (Ms.) Contributor address; City; State; Zip Code Ft. Worth, TX 76179 | | | | Amount of Contribution (\$) \$100.00 | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTRIBUT | | SCHEDULE A1 | | | |
|---|--------------------------------|---|--------|--|----------------|--|------------|
| | The Instruc | ction Guide explains how to complete thi | is for | rm. | 1 | Total pages Schedule A1: Sch: 9/28 Rpt: 12/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/25/2023 | Full name of contributor out-of-state PAC (I Edwards, Jennifer (Ms.) Contributor address; City; State; Zip Code | |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Ft. Worth, TX 76179 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions | s) | | |
| | Date 10/21/2023 | Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu | Lubbock, TX 79424 pation / Job title (See Instructions) | | Employer (See Instructions UMC Health System | <u> </u> s) | | |
| | Date 10/26/2023 | Full name of contributor out-of-state PAC (I Farmer-Isett, Drue (Judge) Contributor address; City; State; Zip Code Lubbock, TX 79424 | D#: |) | • | Amount of Contribution (\$) | \$250.00 |
| | | pation / Job title (See Instructions) t at Law Judge | | Employer (See Instructions Lubbock County | <u> </u> s) | | |
| | Date 11/27/2023 | Full name of contributor out-of-state PAC (I | |) | | Amount of Contribution (\$) | \$1,950.00 |
| | Principal occu Retired Judg | pation / Job title (See Instructions) le | | Employer (See Instructions | 5) | | |
| | Date 08/23/2023 | Full name of contributor out-of-state PAC (I Flores, Victor (Mr.) Contributor address; City; State; Zip Code Lubbock, TX 79403 | D#: |) | | Amount of Contribution (\$) | \$2,500.00 |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Walk By Faith Radio | s) | | |
| | | | | | | | |

| | MONET | ARY POLITICAL C | SCHEDULE A1 | | | | |
|---|------------------------------|--|---|--|---------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 10/28 Rpt: 13/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commissi 00029579 | on Filers) |
| 4 | Date 10/05/2023 | 5 Full name of contributorGill, Bonnie (Mrs.)6 Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$250.00 |
| _ | Deinsinal assu | Lubbock, TX 79403 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | . Familia var (Con Instructions | <u></u> | | |
| 8 | Retired | pation / Job title (See Instructions |) | Employer (See Instructions | 5) | | |
| | Date 10/23/2023 | Full name of contributor Gonzales, Sheryl (Mrs.) Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu | Lubbock, TX 79410 pation / Job title (See Instructions |) [| Employer (See Instructions | i) | | |
| | Worker | padon / cos dae (coe mondono | , | Project Destiny | ', | | |
| | Date 11/15/2023 | Full name of contributor Gray, Drew (Mr.) Contributor address; City; St | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$2,000.00 |
| | | Lubbock, TX 79424 | | | | | |
| | Principal occu Developmen | pation / Job title (See Instructions it |) | Employer (See Instructions Stellar Family of Compa | | es | |
| | Date 10/26/2023 | Full name of contributor Griffin, Marcus (Mr.) Contributor address; City; St Lubbock, TX 79407 | |) | | Amount of Contribution (\$) | \$25,000.00 |
| | Principal occu Investor | pation / Job title (See Instructions |) | Employer (See Instructions Self Employed | 5) | | |
| | Date 10/16/2023 | Full name of contributor Hance, Kent (Mr.) Contributor address; City; St Austin, TX 78701 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | | Employer (See Instructions Hance Scarborough | s) | | |
| | | | 1 | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUL | E A1 |
|---|---------------------------|--|--|-----|---|---------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | orr | n. | 1 | Total pages Schedule A1: Sch: 11/28 Rpt: 14/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 10/28/2023 | 5 Full name of contributor Hargrave II, Gerald (Mr.)6 Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code | |) | 7 | Amount of Contribution (\$) | \$500.00 |
| 8 | Dringing coou | Lubbock, TX 79407 | <u>, </u> | _ | Employer (See Instructions | <u></u> | | |
| 0 | Physician's A | pation / Job title (See Instructions Assistant |) | 9 | Employer (See Instructions UMC | ·) | | |
| | Date 10/22/2023 | Full name of contributor Hart, Laura (Mrs.) Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$108.25 |
| | Principal occu | Hart, TX 79043 pation / Job title (See Instructions |) | | Employer (See Instructions | s) | | |
| | Farmer | ` | , | | Self Employed | , | | |
| | Date 10/23/2023 | Full name of contributor Hart, Laura (Mrs.) Contributor address; City; St | out-of-state PAC (ID#:_ ate; Zip Code | |) | | Amount of Contribution (\$) | \$250.00 |
| | | Hart, TX 79043 | | | | | | |
| | Principal occu Farmer | pation / Job title (See Instructions |) | | Employer (See Instructions Self Employed | 5) | | |
| | Date 10/28/2023 | Full name of contributor Hart, Laura (Mrs.) Contributor address; City; St Hart, TX 79043 | | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Farmer | pation / Job title (See Instructions |) | | Employer (See Instructions Self Employed | 5) | | |
| | Date 10/24/2023 | Full name of contributor Hartman, Diana (Ms.) Contributor address; City; St Abilene, TX 79602 | out-of-state PAC (ID#:_ | | | | Amount of Contribution (\$) | \$375.00 |
| | Principal occu Retired | pation / Job title (See Instructions |) | | Employer (See Instructions | 5) | | |
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| | MONET | ARY POLITICAL CONT | RIBUTION | S | | SCHEDUL | E A1 |
|---|-------------------------------|---|------------------|---|---|---|------------|
| | The Instruc | ction Guide explains how to com | nplete this forr | n. | 1 | Total pages Schedule A1: Sch: 12/28 Rpt: 15/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/24/2023 | Hartman, Diana (Ms.) | -state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$125.00 |
| | | Abilene, TX 79602 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 07/21/2023 | Hasse, Shanda (Mrs.) Contributor address; City; State; Zip C | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu | Lubbock, TX 79413 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Business Ow | ner | | | | | |
| | Date 10/25/2023 | Full name of contributor out-of Hasse, Shanda (Mrs.) Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$250.00 |
| | | Lubbock, TX 79413 | | | | | |
| | Principal occu Business Ov | pation / Job title (See Instructions) vner | | Employer (See Instructions |) | | |
| | Date 08/31/2023 | Held, Lisa (Ms.) | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Dream Mana | pation / Job title (See Instructions) ager | | Employer (See Instructions Goodwill Industries |) | | |
| | Date 11/16/2023 | Full name of contributor out-of Hernandez, Debbie (Mrs.) Contributor address; City; State; Zip C | -state PAC (ID#: |) | | Amount of Contribution (\$) | \$100.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | • | | | | |

| | MONET | ARY POLITICAL CONTR | IBUTION | IS | | SCHEDUL | E A1 |
|---|-------------------------------|--|---------------|---|---|---|-------------|
| | The Instruc | ction Guide explains how to comp | lete this for | n. | 1 | Total pages Schedule A1: Sch: 13/28 Rpt: 16/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 12/12/2023 | Hernandez, Debbie (Mrs.) | ate PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$122.00 |
| | Dringing Loon | Lubbock, TX 79424 | lo. | Employer (Coa Instructions | | | |
| 8 | Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | |
| | Date 10/20/2023 | Full name of contributor out-of-sta Himango, Melissa (Mrs.) Contributor address; City; State; Zip Cod | ate PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | <u> </u> | Lubbock, TX 79423 | | | | | |
| | Treasurer/Se | pation / Job title (See Instructions) ecretary | | Employer (See Instructions Shannon Himango Inc. |) | | |
| | Date 10/19/2023 | Full name of contributor out-of-sta Hoeve, Rose (Ms.) Contributor address; City; State; Zip Cod | ate PAC (ID#: | | | Amount of Contribution (\$) | \$500.00 |
| | | Lubbock, TX 79415 | | | | | |
| | Principal occu Real Estate | pation / Job title (See Instructions) Agent | | Employer (See Instructions Caldwell Banker Realtor | | | |
| | Date 10/25/2023 | Hoff, Brian | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed |) | | |
| | Date 10/25/2023 | Hoff, Brian (Mr.) | |) | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed |) | | |
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| | MONEI | ARY POLITICAL C | ONTRIBUTIO | NS | | SCHEDULE A1 |
|---|-------------------------------|---|--|--|----------------|---|
| | The Instruc | ction Guide explains how t | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 14/28 Rpt: 17/68 |
| 2 | FILER NAME Lubbock Are | ea Republican Women PAC | | | 3 | Filer ID (Ethics Commission Filers) 00029579 |
| 4 | Date 10/26/2023 | 5 Full name of contributor Hoff, Brian (Mr.) 6 Contributor address; City; State | out-of-state PAC (ID#: te; Zip Code |) | 7 | Amount of Contribution (\$) \$250.00 |
| 8 | Principal occu Real Estate | Lubbock, TX 79412 pation / Job title (See Instructions) | Ş | Employer (See Instructions Self Employed |) 5) | |
| | Date 10/21/2023 | Full name of contributor Hope, Karla (Mrs.) Contributor address; City; State Lubbock, TX 79424 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) \$2,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | <u>I</u> 5) | |
| | Date 10/11/2023 | Full name of contributor [Hurt, Steve (Mr.) Contributor address; City; Stat | out-of-state PAC (ID#: ie; Zip Code |) | | Amount of Contribution (\$) \$15,000.00 |
| | Principal occu | Lubbock, TX 79416 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | |
| | Strategist | pation / 300 title (See instructions) | | Stellar Family of Compa | • | es |
| | Date 11/27/2023 | Full name of contributor Isett, Carl (The Honorable) Contributor address; City; Stat Lubbock, TX 79413 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) \$500.00 |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Self | 5) | |
| | Date 09/30/2023 | Full name of contributor Jenkins, Mary (Ms.) Contributor address; City; Stat Lubbock, TX 79414 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) \$1,000.00 |
| | Principal occu Home Health | pation / Job title (See Instructions) | | Employer (See Instructions Self Employed | 5) | |
| | | | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | S | | SCHEDUI | E A1 |
|---|--------------------------------|---|---|--|-----|---|------------|
| | The Instruc | ction Guide explains how | to complete this forr | n. | 1 | Total pages Schedule A1: Sch: 15/28 Rpt: 18/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/17/2023 | 5 Full name of contributor Kennel, Kay6 Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code |) | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | Dringing Lagor | Lubbock, TX 79407 | lo. | Frankrian (Cookarationa | | | |
| 8 | Interior Desig | pation / Job title (See Instructions) gner | 9 | Employer (See Instructions Bentley Arrow Design G | | ıp | |
| | Date 10/21/2023 | Full name of contributor Kennel, Kay (Ms.) Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$2,000.00 |
| | Principal occu | pation / Job title (See Instructions) |) | Employer (See Instructions |) | | |
| | Interior Desi | gn | | Bentley Arrow Design G | roı | ıp | |
| | Date 09/28/2023 | Full name of contributor Kern, Judy (Ms.) Contributor address; City; Sta | out-of-state PAC (ID#: ate; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Retired Teac | Lubbock, TX 79424 pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 10/26/2023 | Full name of contributor Kincer, Norma (Ms.) Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | Date 10/11/2023 | Full name of contributor Lehnen, Eleah (Mrs.) Contributor address; City; Sta | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Grassroots | pation / Job title (See Instructions) | | Employer (See Instructions West4Pac |) | | |
| | | | - | | | | |

| | MONET | ARY POLITICAL CONTRIBUTION | NS | | | SCHEDUL | E A1 |
|---|---------------------------------|---|-------------------------|---|---|---|-----------------|
| | The Instru | ction Guide explains how to complete this fo | rm. | 1 | 1 | Total pages Schedule A1: Sch: 16/28 Rpt: 19/68 | |
| 2 | FILER NAME | ea Republican Women PAC | | 3 | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: | | \ | 7 | Amount of Contribution (\$) | |
| 4 | 09/21/2023 | May, Donald (Dr.) | | | , | Amount of Continuution (\$) | \$40.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | | |
| | | Lubbock, TX 79408 | | | | | |
| 8 | Principal occu PR and Writ | upation / Job title (See Instructions) | Employer (See I Self | Instructions) | | | |
| | PR and win | | <u> </u> | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | #250.0 0 |
| | 10/27/2023 | | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | Lubbock, TX 79408 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See I | Instructions) | | | |
| | PR and Writ | er | Self | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | |
| | 11/16/2023 | May, Donald (Dr.) | | | | | \$40.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | Lubbock, TX 79408 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See I | Instructions) | | | |
| | PR and Writ | er | Self | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | |
| | 10/30/2023 | McDonald, Ann (Mrs.) | | | | | \$300.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Lubbock, TX 79416 | | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See I | Instructions) | | | |
| | Retired | | Retired | | | | |
| | Date | Full name of contributor | | | | Amount of Contribution (\$) | |
| | 10/22/2023 | Meyer, Jonathan (Mr.) | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | | |
| | | | | | | | |
| | | Ransom Canyon, TX 79366 | | | | | |
| | Principal occursed Self Employe | upation / Job title (See Instructions) ed | Employer (See I | Instructions) | | | |
| _ | | | | | | | |
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| | MONEI | ARY POLITICAL (| CONTRIBUTIO | ONS | | SCHEDUI | LE A1 |
|---|----------------------------|--|---|--|----------------|---|------------|
| | The Instruc | ction Guide explains hov | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 17/28 Rpt: 20/68 | |
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission | on Filers) |
| | Lubbock Are | a Republican Women PAC | | | | 00029579 | |
| 4 | Date 10/26/2023 | 5 Full name of contributor Middleton, Patricia (Mrs.)6 Contributor address; City; S | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79424 | | | | | |
| 8 | | pation / Job title (See Instructions | 5) | 9 Employer (See Instructions | | | |
| | Owner | | | Chas. S Middleton & Sc | on | | |
| | Date 09/21/2023 | Full name of contributor Miller Jr., Mallory Contributor address; City; S | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$50.00 |
| | | Lubbock, TX 79424 | • | | | | |
| | Principal occu Attorney | pation / Job title (See Instructions | s) | Employer (See Instructions | s) | | |
| | Date 10/26/2023 | Full name of contributor Miller Jr., Mallory Contributor address; City; S | out-of-state PAC (ID#:_ tate; Zip Code | | | Amount of Contribution (\$) | \$125.00 |
| | | Lubbock, TX 79424 | | | | | |
| | Principal occu | pation / Job title (See Instructions | s) | Employer (See Instructions | <u>I</u> s) | | |
| | Attorney | | , | Self Employed | | | |
| | Date 11/16/2023 | Full name of contributor Miller Jr., Mallory Contributor address; City; S Lubbock, TX 79424 | out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Attorney | pation / Job title (See Instructions | 5) | Employer (See Instructions Self Employed | s) | | |
| | Date 07/21/2023 | Full name of contributor Moriarty, Sharma (Ms.) Contributor address; City; S Wolfforth, TX 79382 | out-of-state PAC (ID#:_ | | | Amount of Contribution (\$) | \$80.00 |
| | Principal occu Lawyer | pation / Job title (See Instructions | 5) | Employer (See Instructions Law Firm of Sharma Mo | | rty | |
| | | | | | | | |

| | MONEI | ARY POLITICAL C | ONTRIBUTION | NS | SCHEDULE A1 |
|---|--------------------------|--|---|---|---|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 Total pages Schedule A1: Sch: 18/28 Rpt: 21/68 |
| 2 | FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) |
| | Lubbock Are | a Republican Women PAC | | | 00029579 |
| 4 | Date 08/31/2023 | 5 Full name of contributor Moriarty, Sharma (Ms.)6 Contributor address; City; St. | out-of-state PAC (ID#: ate; Zip Code |) | 7 Amount of Contribution (\$) \$2,000.00 |
| | | Wolfforth, TX 79382 | | | |
| 8 | Principal occu | pation / Job title (See Instructions |) 9 | Employer (See Instructions | 5) |
| | Lawyer | | | Law Firm of Sharma Mo | riarty |
| | Date 09/19/2023 | Full name of contributor Moriarty, Sharma (Ms.) Contributor address; City; St | out-of-state PAC (ID#: ate; Zip Code | | Amount of Contribution (\$) \$40.00 |
| | | Wolfforth, TX 79382 | | | |
| | Principal occu | pation / Job title (See Instructions |) | Employer (See Instructions | |
| | Lawyer | | | Law Firm of Sharma Mo | riarty |
| | Date 09/19/2023 | Full name of contributor Moriarty, Sharma (Ms.) Contributor address; City; St | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$40.00 |
| | | Wolfforth, TX 79382 | | | |
| | Principal occu | I pation / Job title (See Instructions |) | Employer (See Instructions | I ;) |
| | Lawyer | | | Law Firm of Sharma Mo | |
| | Date 11/08/2023 | Full name of contributor Moriarty, Sharma (Ms.) Contributor address; City; St | out-of-state PAC (ID#:ate; Zip Code |) | Amount of Contribution (\$) \$100.00 |
| | | Wolfforth, TX 79382 | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions |) | Employer (See Instructions Law Firm of Sharma Mo | |
| | Date 11/30/2023 | Full name of contributor Moriarty, Sharma (Ms.) Contributor address; City; St | out-of-state PAC (ID#: |) | Amount of Contribution (\$) \$100.00 |
| | | Wolfforth, TX 79382 | | | |
| | Principal occu Lawyer | pation / Job title (See Instructions | | Employer (See Instructions Law Firm of Sharma Mo | |
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| | MONET | ARY POLITICAL CO | ONTRIBUTION | S | | SCHEDUI | E A1 |
|---|-------------------------------|--|-----------------------------------|---|---|---|------------|
| | The Instruc | ction Guide explains how to | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 19/28 Rpt: 22/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 12/20/2023 | 5 Full name of contributor Moriarty, Sharma (Ms.)6 Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | 7 | Amount of Contribution (\$) | \$35.00 |
| _ | <u> </u> | Wolfforth, TX 79382 | la la | | | | |
| 8 | Lawyer | pation / Job title (See Instructions) | | Employer (See Instructions Law Firm of Sharma Mo | | rty | |
| | Date 10/27/2023 | Full name of contributor Oliphint, Colton Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$2,250.00 |
| | Principal occu | Shallowater, TX 79363 pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Self Employe | | | Oliphant Enterprises | , | | |
| | Date 10/16/2023 | Full name of contributor Parker, Judy Contributor address; City; State | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | | Lubbock, TX 79424 | | | | | |
| | • | pation / Job title (See Instructions) ourt of Appeals | | Employer (See Instructions State of Texas |) | | |
| | Date 12/12/2023 | Full name of contributor Parker, Judy Contributor address; City; State Lubbock, TX 79424 | | | | Amount of Contribution (\$) | \$100.00 |
| | • | pation / Job title (See Instructions) ourt of Appeals | | Employer (See Instructions State of Texas |) | | |
| | Date 10/30/2023 | Full name of contributor Pevey, Carol Contributor address; City; State Lubbock, TX 79416 | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) | | Employer (See Instructions |) | | |
| | | | <u>'</u> | | | | |

| | MONET | ARY POLITICAL C | ONTRIBUTION | IS | | SCHEDUL | E A1 |
|---|--------------------------------|--|---|--|--------|---|-------------|
| | The Instruc | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 20/28 Rpt: 23/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 10/26/2023 | 5 Full name of contributor [Post, Karen6 Contributor address; City; Sta | out-of-state PAC (ID#: ite; Zip Code |) | 7 | Amount of Contribution (\$) | \$650.00 |
| 8 | Principal occu | Plainview, TX 79072 pation / Job title (See Instructions) | l _a | Employer (See Instructions | | | |
| | Mary Kay Co | | | Mary Kay | •) | | |
| | Date 10/26/2023 | Full name of contributor Poston, Frosty (Mrs.) Contributor address; City; Sta | | | | Amount of Contribution (\$) | \$125.00 |
| | Principal occu | Lubbock, TX 79424 pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | Retired | | | Retired | | | |
| | Date 11/16/2023 | Full name of contributor Poston, Frosty (Mrs.) Contributor address; City; Sta | out-of-state PAC (ID#: tte; Zip Code |) | | Amount of Contribution (\$) | \$100.00 |
| | | Lubbock, TX 79424 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | Date 09/21/2023 | Full name of contributor Price, Dorothy Contributor address; City; Sta Lubbock, TX 79464 | |) | | Amount of Contribution (\$) | \$40.00 |
| | Principal occu Insurance Aç | pation / Job title (See Instructions) gent | | Employer (See Instructions D J Price Insurance | 5) | | |
| | Date 10/05/2023 | Full name of contributor Price, Dorothy Contributor address; City; Sta Lubbock, TX 79464 | |) | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu Insurance Aç | pation / Job title (See Instructions) | | Employer (See Instructions D J Price Insurance | 5) | | |
| | | - | I | | | | |

| | MONET | ARY POLITICAL (| CONTRIBUTIO | N | S | | SCHEDUL | E A1 |
|---|--------------------------------|---|------------------------|-----|----------------------------|----|---|-------------|
| | The Instruc | ction Guide explains how | to complete this fo | rm | 1. | 1 | Total pages Schedule A1: Sch: 21/28 Rpt: 24/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 11/16/2023 | 5 Full name of contributor Price, Dorothy6 Contributor address; City; St | out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | \$40.00 |
| 8 | Dringinal occu | Lubbock, TX 79464 pation / Job title (See Instructions | ., [0 | ο ι | Employer (See Instructions | | | |
| 0 | Insurance A | | 5 | | D J Price Insurance | ') | | |
| | Date 10/11/2023 | Full name of contributor Project Destiny Contributor address; City; St | | |) | | Amount of Contribution (\$) | \$1,000.00 |
| | Dringing aggr | Lubbock, TX 79464 | ., | | Employer (See Instructions | _ | | |
| | Pilicipai occu | pation / Job title (See Instructions |) | | Employer (See Instructions | ') | | |
| | Date 07/21/2023 | Full name of contributor Ragland, Melanie (Ms.) Contributor address; City; Si | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$20.00 |
| | | Lubbock, TX 79412 | | | | | | |
| | Principal occu Retired Teac | pation / Job title (See Instructions cher | ;) | ı | Employer (See Instructions | i) | | |
| | Date 09/21/2023 | Full name of contributor Ragland, Melanie (Ms.) Contributor address; City; Si Lubbock, TX 79412 | | | | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired Tead | pation / Job title (See Instructions cher | (3) | I | Employer (See Instructions | 5) | | |
| | Date 10/23/2023 | Full name of contributor Ragland, Melanie (Ms.) Contributor address; City; St Lubbock, TX 79412 | out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$250.00 |
| | Principal occu Retired Teac | pation / Job title (See Instructions cher | (3) | Ī | Employer (See Instructions | 5) | | |
| | | | L | | | | | |

| | MONET | ARY POLITICAL CO | ONTRIBUTION | IS | | SCHEDUI | E A1 |
|---|---------------------------|--|-----------------------------------|------------------------------------|----------|---|------------|
| | The Instruc | ction Guide explains how to | o complete this for | m. | 1 | Total pages Schedule A1: Sch: 22/28 Rpt: 25/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 12/12/2023 | Full name of contributor Ragland, Melanie (Ms.)Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | 7 | Amount of Contribution (\$) | \$100.00 |
| _ | | Lubbock, TX 79412 | l- | | <u> </u> | | |
| 8 | Retired Teac | pation / Job title (See Instructions) her | 9 | Employer (See Instructions | 5) | | |
| | Date 09/21/2023 | Full name of contributor Reagan, Laura (Ms.) Contributor address; City; State | |) | | Amount of Contribution (\$) | \$55.00 |
| | Principal occur | Lubbock, TX 79407 pation / Job title (See Instructions) | | Employer (See Instructions | ·/ | | |
| | Retired | Salion / Job tille (See instructions) | | Employer (See instructions |) | | |
| | Date 10/16/2023 | Full name of contributor Reagan, Laura (Ms.) Contributor address; City; State | out-of-state PAC (ID#:e; Zip Code | | | Amount of Contribution (\$) | \$125.00 |
| | | Lubbock, TX 79407 | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | s) | | |
| | Date 11/16/2023 | Full name of contributor Reagan, Laura (Ms.) Contributor address; City; State Lubbock, TX 79407 | |) | | Amount of Contribution (\$) | \$20.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | |
| | Date 09/25/2023 | Full name of contributor Render, Rube (Mr.) Contributor address; City; State Lubbock, TX 79423 | out-of-state PAC (ID#: | | | Amount of Contribution (\$) | \$1,000.00 |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions Retired | 5) | | |
| | | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUI | LE A1 |
|---|---|--|---|------------------------------------|-----------------------------|---|--------------|
| | The Instru | ction Guide explains how | to complete this for | m. | 1 | Total pages Schedule A1: Sch: 23/28 Rpt: 26/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 12/12/2023 | · ———————————————————————————————————— | | 7 | Amount of Contribution (\$) | \$200.00 | |
| | | Lubbock, TX 79423 | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions | 9 | Employer (See Instructions Retired | 5) | | |
| | Date 12/12/2023 | Full name of contributor Render, Rube (Mr.) Contributor address; City; St | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | \$25.00 |
| | Lubbock, TX 79423 Principal occupation / Job title (See Instructions) Employer (See Instruction | | s) | | | | |
| | Retired Retired | | | | | | |
| | Date 10/30/2023 | Full name of contributor out-of-state PAC (ID#:) Renteria, Tony (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$3,500.00 | |
| | | Lubbock, TX 79413-6317 | | | | | |
| | | | Employer (See Instructions Texas Custom Wine Wo | | 6 | | |
| | Date 09/21/2023 | Date Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | \$100.00 | |
| | Principal occu retired | pation / Job title (See Instructions | s) | Employer (See Instructions na | 5) | | |
| | Date 10/10/2023 | | | | Amount of Contribution (\$) | \$1,000.00 | |
| | Principal occuretired | pation / Job title (See Instructions | s) | Employer (See Instructions | 5) | | |
| | | | 1 | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | | |
|----------------------------------|--|---|------|-----------------------------|---|----------|--------------------------------------|-----------|
| | The Instruction Guide explains how to complete this form. | | | 1 | Total pages Schedule A1: Sch: 24/28 Rpt: 27/68 | | | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 10/08/2023 | | | 7 | Amount of Contribution (\$) | \$250.00 | | |
| _ | Deinsinal assu | Lubbock, TX 79403 | -> I | _ | Franksian (Cook batwatian | <u></u> | | |
| 8 | Alarm Syster | pation / Job title (See Instruction ms | S) | 9 | Employer (See Instructions Self Employed | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/25/2023 Shooter, Cole (Mr.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$5,292.97 | | | |
| | Principal occu | Lubbock, TX 79414 pation / Job title (See Instruction | s) | | Employer (See Instructions | <u></u> | | |
| | Attorney Self | | •, | | | | | |
| | Date 09/21/2023 | | | | Amount of Contribution (\$) | \$55.00 | | |
| | | Lubbock, TX 79413 | | | | | | |
| | Principal occu Retired | pation / Job title (See Instruction | s) | | Employer (See Instructions | s) | | |
| | Date 10/05/2023 | Date Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | \$875.00 | | |
| | Principal occu Retired | pation / Job title (See Instruction | s) | | Employer (See Instructions | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 07/21/2023 Stell, Susie (Mrs.) Contributor address; City; State; Zip Code Lubbock, TX 79424 | | • | Amount of Contribution (\$) | \$20.00 | | | |
| | Principal occu Director of A | pation / Job title (See Instruction | s) | | Employer (See Instructions Stellar Companies | 5) | | |
| | Director of A | | | | Stonal Companies | | | |

| | MONEI | ARY POLITICAL C | CONTRIBUTION | NS | | SCHEDUI | E A1 |
|---|--|--|----------------------------|---|-----------------------------|---|------------|
| | The Instru | ction Guide explains how | to complete this fo | rm. | 1 | Total pages Schedule A1: Sch: 25/28 Rpt: 28/68 | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) |
| 4 | Date 10/30/2023 | 5 Full name of contributor out-of-state PAC (ID#:) Stell, Susie (Mrs.) 6 Contributor address; City; State; Zip Code | | 7 | Amount of Contribution (\$) | \$8,100.00 | |
| | | Lubbock, TX 79424 | | | Ĺ | | |
| 8 | Director of A | pation / Job title (See Instructions ccounting |) | Employer (See Instructions Stellar Companies | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 11/08/2023 Stell, Susie (Mrs.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 | | |
| | Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instruction | | Employer (See Instructions | <u> </u> s) | | | |
| | Director of A | ccounting | | Stellar Companies | | | |
| | Date 11/30/2023 | Full name of contributor out-of-state PAC (ID#:) Stell, Susie (Mrs.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$100.00 | |
| | | Lubbock, TX 79424 | | | | | |
| | Principal occu Director of A | pation / Job title (See Instructions ccounting |) | Employer (See Instructions Stellar Companies | 5) | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/25/2023 Sweeten, Pamela Contributor address; City; State; Zip Code Lubbock, TX 79416 | | | • | Amount of Contribution (\$) | \$750.00 | |
| | Principal occupation / Job title (See Instructions) Marketing Employer (See Instructions) PBC | | 5) | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 11/16/2023 Sweeten, Pamela Contributor address; City; State; Zip Code Lubbock, TX 79416 | | | Amount of Contribution (\$) | \$35.00 | | |
| | Principal occu Marketing | pation / Job title (See Instructions | | Employer (See Instructions PBC | 5) | | |
| | | | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A1 | | |
|----------------------------------|--|---------------------------------------|-----|------------------------------------|-----------------------------|---|------------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 26/28 Rpt: 29/68 | | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) | |
| 4 | Date 10/21/2023 | | | 7 | Amount of Contribution (\$) | \$1,000.00 | | |
| _ | Duinning Langu | Lubbock, TX 79424 | lo- | Franklavar (Cap Instructions | | | | |
| 8 | Owner | pation / Job title (See Instructions) | | Employer (See Instructions Self | | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 09/21/2023 Thornton, Sharon (Mrs.) Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$20.00 | | | |
| | Lubbock, TX 79424 Principal occupation / Job title (See Instructions) Employer (See Instruction | | | | <u> </u> | | | |
| | Retired | | | | | | | |
| | Date 09/29/2023 | | | | Amount of Contribution (\$) | \$1,000.00 | | |
| | | Lubbock, TX 79424 | | | | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions NA | 5) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/26/2023 VanOstrand, Adele (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79423 | | | Amount of Contribution (\$) | \$125.00 | | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Date 10/26/2023 | | | | Amount of Contribution (\$) | \$125.00 | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions | () | | | |
| | | | - 1 | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | | SCHEDULE A | | |
|--|---|---|-------------------|---|-----------------------------|---|------------|--|
| | The Instruction Guide explains how to complete this form. | | | | 1 | Total pages Schedule A1: Sch: 27/28 Rpt: 30/68 | | |
| 2 | FILER NAME Lubbock Are | a Republican Women PAC | | | 3 | Filer ID (Ethics Commission 00029579 | on Filers) | |
| 4 | Date 12/12/2023 | | | 7 | Amount of Contribution (\$) | \$44.00 | | |
| | | Lubbock, TX 79423 | | | | | | |
| 8 | Principal occu Retired | pation / Job title (See Instructions) | 9 | Employer (See Instructions |) | | | |
| | Date 11/30/2023 | Wade, Kami D. (Mrs.) Contributor address; City; State; Zip C | |) | | Amount of Contribution (\$) | \$1,000.00 | |
| Levelland, TX 79336 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) | | | | |) | | | |
| | Date 11/15/2023 | Full name of contributor out-of Weaver, Mryna (Mrs.) Contributor address; City; State; Zip C | f-state PAC (ID#: |) | | Amount of Contribution (\$) | \$500.00 | |
| | Principal occur | Lubbock, TX 79416 pation / Job title (See Instructions) | | Employer (See Instructions |) | | | |
| | Retired | | | | , | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) 10/05/2023 Whitley, Kathy Contributor address; City; State; Zip Code Lubbock, TX 79424 | | , | | Amount of Contribution (\$) | \$250.00 | | |
| | Principal occu Retired | pation / Job title (See Instructions) | | Employer (See Instructions |) | | | |
| | Date Full name of contributor out-of-state PAC (ID#:) Williams, Cindy (Ms.) Contributor address; City; State; Zip Code Lubbock, TX 79414 | | | Amount of Contribution (\$) | \$500.00 | | | |
| | Principal occu Realtor | pation / Job title (See Instructions) | | Employer (See Instructions Keller Williams |) | | | |
| | | | • | | | | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDUL | E A1 |
|----------------------------------|-------------------------------|--|--|----------|---|-------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 28/28 Rpt: 31/68 | |
| 2 | FILER NAME Lubbock Are | ea Republican Women PAC | | 3 | Filer ID (Ethics Commission 00029579 | n Filers) |
| 4 | Date 10/16/2023 | _ ` | | 7 | Amount of Contribution (\$) | \$1,000.00 |
| | | Wolfforth, TX 79382 | | | | |
| 8 | Principal occu CEO | pation / Job title (See Instructions) | 9 Employer (See Instructions Ag Women Connect |) | | |
| | Date 11/22/2023 | Full name of contributor out-of-state PAC (ID#:_ Wood, Venessa Contributor address; City; State; Zip Code | | | Amount of Contribution (\$) | \$500.00 |
| | Principal occu | Wolfforth, TX 79382 pation / Job title (See Instructions) | Employer (See Instructions | <u> </u> | | |
| | CEO | pation 7 cos title (ecc metadotoris) | Ag Women Connect | , | | |
| | Date 10/26/2023 | Full name of contributor out-of-state PAC (ID#:_ Wright, Beth (Mrs.) Contributor address; City; State; Zip Code |) | | Amount of Contribution (\$) | \$5,000.00 |
| | | Lubbock, TX 79423 | | | | |
| | Principal occu Business Ov | pation / Job title (See Instructions) vner | Employer (See Instructions ASCO Equipment Renta | | | |
| | Date 10/17/2023 | Full name of contributor out-of-state PAC (ID#:_ Wyatt, Ashleigh (Mrs.) Contributor address; City; State; Zip Code Lubbock, TX 79423 | | | Amount of Contribution (\$) | \$750.00 |
| | Principal occu Real Estate | pation / Job title (See Instructions) Broker | Employer (See Instructions Wyatt Realty |) | | |
| | | | | | | |

| PLE | DGED CONTRIBUT | TIONS | | | SCHEDULE B | } |
|---------------|-------------------------------------|------------------------|-----------------------|-------|---|--------|
| Т | he Instruction Guide expl | ains how to comple | ete this form. | 1 | Total pages Schedule B: Sch: 1/1 Rpt: 32/68 | |
| 2 FILER N | AME | 3 | | | | |
| Lubbock | Area Republican Women PA | С | | | 00029579 | |
| 4 TOTAL | OF UNITEMIZED PLEDG | | | \$ 0 | .00 | |
| 5 Date | 6 Full name of pledgor | out-of-state PAC (ID#: | |) 8 | 3 Amount of pledge (\$) In-kind description (If applicable) | |
| | 7 Pledgor Address; | City; State; Zip Code | | | ριeuge (ψ) (παρμιταιών) | |
| | | | | [| Check if travel outside of Texas. Complete Schedu | ıle T. |
| 10 Principal | occupation / Job title (See Instruc | tions) | 11 Employer (See Inst | ructi | ions) | |
| | | | | | | |
| | | | | | | |

| | LOANS | | | | | | SCHE | DULE E |
|----|--|-----------------------------------|-----------------|----------------------|---------------------------------|--------------------|-------------------------|--------------|
| | The Instruction Guide explains how to complete this form | | | | ges Schedule E: L Rpt: 33/68 | | | |
| 2 | FILER NAME Lubbock Area R | epublican Women PAC | | | I | Filer ID 000295 | (Ethics Commis | sion Filers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | _ | | \$ | 0.00 |
| 5 | Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | | | 9 Loan Amoun | t (\$) |
| 6 | Is lender a financial institution? | 8 Lender address; City; | State; | Zip Code | | | 10 Interest Rate | |
| | | | | | | | 11 Maturity Date | 9 |
| 12 | Principal occupation | on / Job title (See Instructions) | | 13 Employer (See In | structions) | | | |
| 14 | Description of Coll | ateral | | 15 Check if personal | funds were d | eposited | into political acco | |
| 16 | GUARANTOR INFORMATION | 17 Name of guarantor | | <u> </u> | | | 19 Amount Gua | ranteed (\$) |
| | not applicable | 18 Guarantor address; City; | State; | Zip Code | | | | |
| 20 | Principal occupation | | | 21 Employer (See In | etructions) | | | |
| 20 | Filicipal occupation | חונ | | ZI Employer (See in | Sil dellolis) | | | |
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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/Politica

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

| 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: 1/35 Rpt: 34/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 07/24/2023 | Action Printing |
| 6 Amount (\$) \$2,108.73 | 7 Payee address; City; State; Zip Code 2407 82nd |
| + =,=000 | _ 1.5.1 O |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Membership Drive |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/12/2023 | Big Bash Photo Booth |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$811.33 | 5815 82nd Street |
| Ψ011.00 | 5515 6211d Gifeet |
| Expenditure from corporate funds | Lubbock, TX 79424 |
| 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/19/2023 | Big Bash Photo Booth |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$486.59 | 5815 82nd Street |
| , , , , , , | |
| Expenditure from corporate funds | Lubbock, TX 79424 |
| 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 |
| | Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorare to benefit C/OI | |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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
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: 2/35 Rpt: 35/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/27/2023 | Caldwell Entertainment |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$6,000.00 | 1720 Avenue M |
| | |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Music for Pink Elephant |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/26/2023 | Chickies Tasty Treates |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$600.00 | 4930 S. Loop 289 |
| 4000.00 | Ste. 205 |
| Expenditure from | |
| corporate funds | Lubbock, TX 79414 |
| 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 Pink Elephant - Customized Candy |
| | Filik Elephant - Customized Candy |
| 0 1 0 0 1 0 1 | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 09/26/2023 | Chickies Tasty Treats |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$175.00 | 4930 S. Loop 289 |
| | Ste. 205 |
| Expenditure from | Lubbock, TX 79414 |
| corporate funds | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Pink Elephant - Customized Candy |
| | iop.ia.it Gastonii_Ga Garia; |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/35 Rpt: 36/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/16/2023 | Cox, Lisa (Mrs.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$478.95 | P.O Box 1284 |
| | |
| Expenditure from corporate funds | Shallowater, TX 79363 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Reimbursement for Coyote Candle |
| | Reimbursement for Coyote Candle |
| O Complete CNU V if all | Condidate/Officeholder name |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| · | |
| Date | Payee name |
| 10/30/2023 | Dreamtaxi |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,380.00 | 5316 114th Street Suite A |
| | |
| Expenditure from corporate funds | Lubbock, TX 79424 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Categories instead at the top of this scriedule) Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Stage Design/Banners for Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 4 |
| Date | Payee name |
| 10/31/2023 | Espinal, Wilmer (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | 1113 Liberty Avenue |
| | |
| Expenditure from corporate funds | Lubbock, TX 79416 |
| • | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Fivent Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Security |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/35 Rpt: 37/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/25/2023 | FedEx |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,500.00 | 4210 82nd St. |
| | Ste. 214 |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 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 Pink Elephant Printing |
| | Thin Liephant Thining |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 10/27/2023 | FedEx |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.50 | 4210 82nd St. |
| | Ste. 214 |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant Printing |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiolitife to beliefft C/OI | · |
| Date | Payee name |
| 10/30/2023 | FedEx |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$14.06 | 4210 82nd St. |
| | Ste. 214 |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| PURPOSE | , |
| OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
| | |
| | |

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Leaal Services Salaries/Wages/Contract Labor

| Candidate/Officenoider/Politica | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 5/35 Rpt: 38/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 11/13/2023 | FedEx |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$135.19 | 4210 82nd St. |
| | Ste. 214 |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 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 |
| | Pink Elephant |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/02/2023 | Felton, Esther (Mrs.) |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$473.59 | 1813 79th Pl. |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 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. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Reimbursement - Printing for Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to bettern 6/01 | <u> </u> |
| Date | Payee name |
| 10/25/2023 | Felton, Esther (Mrs.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$140.75 | 1813 79th Place |
| , - | |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Loan Repayment/Reimbursement |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Reimbursement for Pink Elephant Printing |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/35 Rpt: 39/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/30/2023 | Felton, Esther (Mrs.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$387.65 | 1813 79th Place |
| · | |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Reimbursement for Printing at FedEx for Pink Elephant |
| | Liephan |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/30/2023 | Gayles Event Rentals |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,733.98 | 7903 Alcove #23 |
| Expenditure from corporate funds | Lubbock, TX 79407 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Table/Chairs for Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| Date | Payee name |
| 10/30/2023 | Gonzalez, Paul (Mr.) |
| | ` ' |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$200.00 | 712 Broadway |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Security for Pink Elephant - Address is for Employer |
| | because he is law enforcement. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | • • • • • • • • • • • • • • • • • • • |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| 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: 7/35 Rpt: 40/68 | 2 FILER NAME Lubbock Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00029579 |
| 4 Date | 5 Payee name |
| 10/30/2023 | Jeana's Feedbag |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$14,402.79 | 4937 E. State Rd. 114 |
| | |
| Expenditure from | Levelland, TX 79336 |
| corporate funds | Levellatiu, 1 × 79330 |
| 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 |
| | Caterer for Pink Elephant |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 11/14/2023 | Lawrence, Jett (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | |
| \$500.00 | 5121 69th St. |
| Expenditure from | |
| corporate funds | Lubbock, TX 79424 |
| 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 |
| | Auctioneer for Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| Date | Payee name |
| 07/21/2023 | Lubbock Women's Club |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$474.00 | 2020 Broadway |
| Ψ+1+.00 | 2020 Bloddwdy |
| Expenditure from | |
| corporate funds | Lubbock, TX 79401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Food/Beverage Expense |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Luncheon cost |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
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| | |

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) 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

| Credit Card Payment | The Instruction Guide explains how to comp | plete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 8/35 Rpt: 41/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | |
| 09/26/2023 | Lubbock Women's Club | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$598.00 | 2020 Broadway | |
| | , | |
| Expenditure from corporate funds | Lubbock, TX 79401 | |
| · | | |
| 8 PURPOSE OF | , | Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | | Luncheon |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sough | ot Office held |
| expenditure to benefit C/O | 1 | |
| Date | Payee name | |
| 11/16/2023 | Lubbock Women's Club | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$260.00 | 2020 Broadway | |
| ¥200.00 | 2020 27000.000 | |
| Expenditure from | Lubbock, TX 79401 | |
| corporate funds | | |
| PURPOSE OF | , | Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | | Luncheon |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | ot Office held |
| expenditure to benefit C/O | 1 | |
| Date | Payee name | |
| 12/13/2023 | Lubbock Women's Club | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$840.00 | 2020 Broadway | • |
| \$5.5100 | | |
| Expenditure from corporate funds | Lubbock, TX 79401 | |
| ' | | 3.5 |
| PURPOSE OF | , , , | Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Food/Beverage Expense | Check if Austin, TX, officeholder living expense |
| | | Luncheon |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sough | ot Office held |
| expenditure to benefit C/O | 1 | |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/ Credit Card Payment | Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule | F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 9/35 Rpt: 42/ | |
| 4 Date | 5 Payee name |
| 10/05/2023 | NexStar |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500 | .00 7403 University Avenue |
| | |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | I wan also produced |
| Complete ONLY if directly expenditure to benefit | |
| Date | Payee name |
| 10/23/2023 | OfficeMax |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$172 | |
| Φ112 | .22 0005 Slide Rd |
| Expenditure from corporate funds | Lubbock, TX 79424 |
| 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 |
| | Printing for Pink Elephant |
| Complete ONLY if dire | |
| expenditure to benefit | С/ОН |
| Date | Payee name |
| 10/28/2023 | Oliver, Jared (Mr.) |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$225 | .00 712 Broadway |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Security for Pink Elephant - Address is for Employer |
| | because he is law enforcement. |
| Complete ONLY if directly complete on the complete of the comp | |
| | |
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| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total marian Cabadida F1. | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| 1 Total pages Schedule F1: Sch: 10/35 Rpt: 43/68 | 2 FILER NAME Lubbock Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00029579 |
| 4 Date | 5 Payee name |
| 10/26/2023 | Overton Hotel |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$506.00 | 2322 Mac Davis Lane |
| | |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Hotel for Kari Lake - Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/29/2023 | Overton Hotel |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | |
| \$391.00 | 2322 Mac Davis Lane |
| Expenditure from | |
| corporate funds | Lubbock, TX 79401 |
| 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 |
| | Kari Lake's Hotel Room - Pink Elephant |
| | · |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 10/28/2023 | Overton Hotel |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$195.50 | 2322 Mac Davis Lane |
| - Evnanditure free- | |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| PURPOSE | 1 |
| OF | , <u> </u> |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Kari Lake's Hotel Room - Pink Elephant |
| | |
| Operation Children | On didn't 10 ff a halden name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | <u> </u> |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/35 Rpt: 44/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/30/2023 | Pevey, Carol |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,775.00 | 6506 Itasca Ave. |
| | |
| Expenditure from corporate funds | Lubbock, TX 79416 |
| 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 Decorations for Pink Elephant |
| | Decorations for Fink Elephant |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Power name |
| 08/15/2023 | Payee name Prima Vista Lubbock |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 402 N. FM 179 |
| Expenditure from | |
| corporate funds | Lubbock, TX 79416 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 10/24/2023 | Prima Vista Lubbock |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,200.00 | 402 N. FM 179 |
| Evanditure from | |
| Expenditure from corporate funds | Lubbock, TX 79416 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Rental of Event Center Plus Drinks for Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to belief 6/01 | · |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 12/35 Rpt: 45/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 07/03/2023 | Quickbooks |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$31.98 | 2700 Coast Ave. |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense QuickBooks monthly charge |
| | QuickBooks monthly charge |
| Complete CNII V if direct | Candidate/Officeholder name Office cought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 08/02/2023 | Quickbooks |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$31.98 | 2700 Coast Ave. |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | QuickBooks monthly charge |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 09/05/2023 | Quickbooks |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$31.98 | 2700 Coast Ave. |
| | |
| Expenditure from corporate funds | Mountain View, CA 94043 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | QuickBooks monthly charge |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to benefit C/OI | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|-----------------------------|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 13/35 Rpt: 46/68 | Lubbock Area Republican Women PAC 00029579 | |
| 4 Date | 5 Payee name | |
| 10/02/2023 | Quickbooks | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$31.98 | 2700 Coast Ave. | |
| Expenditure from | | |
| corporate funds | Mountain View, CA 94043 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | QuickBooks monthly Charge | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | 4 | |
| Date | Payee name | _ |
| 11/02/2023 | Quickbooks | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$31.98 | 2700 Coast Ave. | |
| Expenditure from | | |
| corporate funds | Mountain View, CA 94043 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | QuickBooks monthly Charge | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | <u> </u> | |
| Date | Payee name | |
| 12/04/2023 | Quickbooks | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$31.98 | 2700 Coast Ave. | |
| Expenditure from | | |
| corporate funds | Mountain View, CA 94043 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | QuickBooks monthly Charge | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | | |
| | | |
| | | |
| | | |

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 14/35 Rpt: 47/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/28/2023 | Roberts, Jordan (Mr.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$225.00 | 712 Broadway |
| Expenditure from corporate funds | Lubbock, TX 79401 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Security for Pink Elephant - Address is for Employer because he is law en |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/20/2023 | Scarborough Specialties |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$4,300.05 | 10501 Indiana Ave. |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 10/24/2023 | Scarborough Specialties |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,147.45 | 10501 Indiana Ave. |
| Expenditure from corporate funds | Lubbock, TX 79423 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Event Expense |
| LAI LIIDITURL | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiulture to benefit C/OI | 1 |
| | |
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| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

| 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 15/35 Rpt: 48/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 08/14/2023 | Sherman, Sheryl (Mrs.) |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$949.06 | 4607 E CR 5920 |
| — Foresteller of forest | |
| Expenditure from corporate funds | Lubbock, TX 79403 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense July 4th Float |
| | July 401 Float |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 09/12/2023 | SilkLab Designs |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$324.75 | 5919 50th Street C |
| · | |
| Expenditure from corporate funds | Lubbock, TX 79424 |
| | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 10/09/2023 | Sparked Events |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,136.62 | 5517 Jarvis St. |
| | |
| Expenditure from corporate funds | Lubbock, TX 79416 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Pink Elephant |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 1 |
| | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. | | | |
|---|---|---|--|--|
| 1 Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · | _ | | |
| Sch: 16/35 Rpt: 49/68 | Lubbock Area Republican Women PAC 00029579 | | | |
| 4 Date | Payee name | | | |
| 07/03/2023 | Square | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | _ | | |
| \$44.90 | 1455 Market Street | | | |
| | | | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. | | | |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee | | | |
| | Square Great Start 1 100055111g 1 00 | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ | | |
| expenditure to benefit C/OI | | | | |
| | | = | | |
| Date | Payee name | | | |
| 07/03/2023 | Square | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$1.03 | 1455 Market Street | | | |
| — Forestitus from | | | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | | | |
| | Square Credit Card Processing Fee | | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| experialitie to benefit C/Oi | п | | | |
| Date | Payee name | | | |
| 07/11/2023 | Square | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$1.32 | 1455 Market Street | | | |
| | | | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | | |
| | Square Credit Card Processing Fee | | | |
| | | | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | | | | |
| | | | | |
| | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|---------|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission | Filers) |
| Sch: 17/35 Rpt: 50/68 | Lubbock Area Republican Women PAC 00029579 | |
| 4 Date | 5 Payee name | |
| 07/21/2023 | Square | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$7.42 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| EXPENDITURE | Check if Austin, TX, officeholder living expense | |
| | Square Credit Card Processing Fee | |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held OH | |
| <u> </u> | | |
| Date | Payee name | |
| 07/24/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$2.64 | 1455 Market Street | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee | |
| | Square Great Gard 1 rocessing ree | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | the state of the s | |
| Date | Para name | |
| 08/08/2023 | Payee name Square | |
| | · · | |
| Amount (\$) \$1.32 | Payee address; City; State; Zip Code 1455 Market Street | |
| Φ1.32 | 1433 Market Street | |
| Expenditure from | 05 | |
| corporate funds | San Francisco, CA 94103 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Square Credit Card Processing Fee | |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · | |
| | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

| 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: 18/35 Rpt: 51/68 | 2 FILER NAME Lubbock Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00029579 |
| 4 Date | 5 Payee name |
| 08/24/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1.32 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 08/25/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.32 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| LXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 08/30/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| ` ' | 1455 Market Street |
| \$29.30 | 1455 Market Street |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Credit Card Payment Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to co | implete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 19/35 Rpt: 52/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | ' |
| 09/19/2023 | Square | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$1.46 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | | Square Great Gard Frocessing Fee |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | laht Office held |
| expenditure to benefit C/O | | giit Oilide Heid |
| Date | Payer name | |
| 09/22/2023 | Payee name Square | |
| | · | . No. |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$0.52 | 1455 Market Street | |
| Expenditure from | 05 | |
| corporate funds | San Francisco, CA 94103 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| expenditure to benefit C/O | Н | |
| Date | Payee name | |
| 09/29/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$16.12 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | | Square Great Cara Frocessing Fee |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ght Office held |
| expenditure to benefit C/Ol | | ight Office Held |
| | | |
| | | |
| Forms provided by Tayas F | thics Commission www.athics.state.tv. | Varsion V3.5.1 Objeth6: |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rertising Expense Event Expense Loan Repayment/Reimbu

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 20/35 Rpt: 53/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 09/30/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$33.23 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Credit Card Payment Credit Card Payment |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | Square Credit Card Processing Fee |
| Complete CNII V if direct | Candidate/Officeholder name Office cought Office hold |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
| Date | Payee name |
| 10/02/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$29.30 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| 2 1 2 2 1 1 2 1 1 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 10/06/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$38.08 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment |
| EAFEINDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorare to benefit C/OI | 1 |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to compl | ete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 21/35 Rpt: 54/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | · |
| 10/10/2023 | Square | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$45.40 | 1455 Market Street | |
| - Evnanditura from | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| E/11 E1191. C.1. | | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | | Square Credit Card Frocessing Fee |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | | Cince Hold |
| Date | Dayea nama | |
| 10/10/2023 | Payee name Square | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$28.63 | 1455 Market Street | |
| φ20.03 | 1433 Market Street | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| | | equality end of the control of the c |
| Complete ONLY if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | 4 | |
| Date | Payee name | |
| 10/13/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$29.30 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) | Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought | Office held |
| expenditure to benefit C/OI | 9 | Office field |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel III Travel Ou htract Labor OTHER (

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 22/35 Rpt: 55/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/16/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$33.30 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| SAPORANCIO TO DOTTONE O/OI | · |
| Date | Payee name |
| 10/17/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.20 | 1455 Market Street |
| ¥3.23 | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experialitate to beliefit 6/01 | ' |
| Date | Payee name |
| 10/18/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$22.05 | 1455 Market Street |
| ,==100 | |
| Expenditure from | San Francisco, CA 04102 |
| corporate funds | San Francisco, CA 94103 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | Square Steak Sara From Sar |
| Complete CNII V if divers | Candidata/Officeholder name Office cought Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 23/35 Rpt: 56/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/18/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$57.47 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | a quanto accomo ante a constante de la constan |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 10/19/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.93 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | Square Great Fire and Fire Scotling Fire |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 10/20/2023 | Square |
| | · |
| Amount (\$) \$93.98 | Payee address; City; State; Zip Code 1455 Market Street |
| φ33.9δ | 1400 Market Street |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment |
| LAI LINDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| Complete CAU V & dia+ | Condidate/Officeholder name Office cought |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
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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

| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. |
|----------------------------------|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 24/35 Rpt: 57/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | |
| 10/23/2023 | Square | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Co | ode |
| \$32.74 | 1455 Market Street | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | | equals clean calar recessing rec |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sou | I ught Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 10/23/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$58.60 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | ught Office held |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 10/24/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Co | ode |
| \$63.09 | 1455 Market Street | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | | equals creak care researching res |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | lunt Office held |
| expenditure to benefit C/OI | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| 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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 25/35 Rpt: 58/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 10/25/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$151.14 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | Square Great Guild Frocessing Fee |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| Data | |
| Date | Payee name |
| 10/26/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$75.04 | 1455 Market Street |
| - Evenanditura from | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 10/27/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$35.95 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experiorare to benefit C/Of | 1 |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. | |
|---|--|---|
| 1 Total pages Schedule F1: | | |
| Sch: 26/35 Rpt: 59/68 | Lubbock Area Republican Women PAC 00029579 | |
| 4 Date | 5 Payee name | |
| 10/30/2023 | Square | _ |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$27.07 | 1455 Market Street | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Square Credit Card Processing Fee | |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | 1 | |
| Date | Payee name | |
| 10/30/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$29.60 | 1455 Market Street | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| | Square Credit Card Processing Fee | |
| | | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| Date | Payee name | _ |
| 10/31/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip Code | _ |
| \$29.30 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. | |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee | |
| | 5444.0 5.04.1 5.1.2 | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | _ |
| expenditure to benefit C/OI | 1 | |
| | | _ |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

| | Candidate/Officeholder/Politica Credit Card Payment | | | es/Wages/Contract Labor | OTHER (enter a category not listed above) | |
|---|--|---------------------------|--|-------------------------|---|---|
| | orean oura r ayment | The Ins | truction Guide explains how to | complete this form. | | |
| 1 | Total pages Schedule F1: | 2 FILER NAME | | | 3 Filer ID (Ethics Commission Filers) | |
| | Sch: 27/35 Rpt: 60/68 | Lubbock Area Rep | ublican Women PAC | | 00029579 | |
| 4 | Date | 5 Payee name | | | • | |
| | 11/01/2023 | Square | | | | |
| 6 | Amount (\$) | 7 Payee address; | City; State; Zip | Code | | _ |
| | \$32.20 | 1455 Market Stree | t | | | |
| | | | | | | |
| Г | Expenditure from corporate funds | San Francisco, CA | 94103 | | | |
| 8 | PURPOSE | | | (b) Description | | _ |
| 0 | OF | Credit Card Payme | ries listed at the top of this schedule) | (b) Description | el outside of Texas. Complete Schedule T. | |
| | EXPENDITURE | Credit Card Payrit | STIL. | · · = | tin, TX, officeholder living expense | |
| | | | | Square Cre | dit Card Processing Fee | |
| | | | | | | |
| 9 | Complete ONLY if direct | Candidate/Officeholde | r name Office s | ought | Office held | |
| | expenditure to benefit C/OF | | | | | |
| | Date | Payee name | | | | = |
| | 11/06/2023 | Square | | | | |
| | Amount (\$) | · | City; State; Zip | Code | | |
| | \$14.80 | 1455 Market Stree | | Code | | |
| | Ψ14.00 | 1433 Warket Stiee | ι | | | |
| г | Expenditure from | C Fi 04 | 0.44.00 | | | |
| _ | corporate funds | San Francisco, CA | . 94103 | | | |
| | PURPOSE OF | | ries listed at the top of this schedule) | (b) Description | | |
| | EXPENDITURE | Credit Card Payme | ent | · · · | el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense | |
| | | | | | dit Card Processing Fee | |
| | | | | | 3 | |
| | Complete ONLY if direct | Candidate/Officeholde | r name Office s | l sought | Office held | _ |
| | expenditure to benefit C/O | | | .oug | 5.1135 113.12 | |
| | Data | Davis a series | | | | _ |
| | Date 11/17/2023 | Payee name | | | | |
| | | Square | | | | |
| | Amount (\$) | | City; State; Zip | Code | | |
| | \$15.50 | 1455 Market Stree | τ | | | |
| _ | Expenditure from | | | | | |
| L | corporate funds | San Francisco, CA | . 94103 | | | |
| | PURPOSE | (a) Category (See Categor | ries listed at the top of this schedule) | (b) Description | | _ |
| | OF EXPENDITURE | Credit Card Payme | ent | | el outside of Texas. Complete Schedule T. | |
| | | | | <u> </u> | tin, TX, officeholder living expense dit Card Processing Fee | |
| | | | | Square Cre | an oard i roccoonig i ce | |
| | | | | I | | |
| | Complete ONLY if direct | Candidate/Officeholds | r namo Office o | rought | Office hold | _ |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholde | r name Office s | sought | Office held | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

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

| 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: 28/35 Rpt: 61/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 11/20/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1.32 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | H |
| Date | Payee name |
| 11/22/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.32 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | Square Great Gura i rocessing i ee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 12/06/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.32 | 1455 Market Street |
| , = . | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Square Credit Card Processing Fee |
| | Square Great Guild Frocessing Fee |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel in
Travel O

Contract Labor

OTHER

| Candidate/Officeholder/Politica Credit Card Payment | l Committee Legal Services Salaries The Instruction Guide explains how to a | or OTHER (enter a category not listed above) |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 29/35 Rpt: 62/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | |
| 12/11/2023 | Square | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip (| Code |
| \$3.20 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | ought Office held |
| experialitate to benefit 6/01 | ' | |
| Date | Payee name | |
| 12/13/2023 | Square | |
| Amount (\$) | Payee address; City; State; Zip (| Code |
| \$1.32 | 1455 Market Street | |
| | | |
| Expenditure from corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| Operation ONLY if allowed | Oscalidate IOW sales Idan name | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | ought Office held |
| Date | Payee name | |
| 12/14/2023 | Square | |
| | | Pada |
| Amount (\$) | | code |
| \$3.20 | 1455 Market Street | |
| Expenditure from | | |
| corporate funds | San Francisco, CA 94103 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Credit Card Payment | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Square Credit Card Processing Fee |
| | | Square Steam out a rocessing rec |
| Complete CNII V if divert | Condidate/Officeholder name | Office hold |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office so | ought Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

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

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

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

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 30/35 Rpt: 63/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 Date | 5 Payee name |
| 12/18/2023 | Square |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$4.52 | 1455 Market Street |
| | |
| Expenditure from corporate funds | San Francisco, CA 94103 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | Square Great State 1 100000111g 1 00 |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 12/21/2023 | Square |
| | |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1.01 | 1455 Market Street |
| Expenditure from | |
| corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment |
| | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| One of the ONE Wife disease | One districts (Office healths are seen |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 12/29/2023 | Square |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3.20 | 1455 Market Street |
| Expenditure from | |
| corporate funds | San Francisco, CA 94103 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Credit Card Payment Check if travel outside of Texas. Complete Schedule T. |
| EAFEINDITURE | Check if Austin, TX, officeholder living expense |
| | Square Credit Card Processing Fee |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experience to belief 6/01 | • |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|--|--|
| 1 | Total pages Schedule F1: | · · · · · · · · · · · · · · · · · · · |
| | Sch: 31/35 Rpt: 64/68 | Lubbock Area Republican Women PAC 00029579 |
| 4 | Date | 5 Payee name |
| | 07/05/2023 | Texas Federation of Republican Women |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$50.00 | 13740 N Hwy 183 |
| | T Expenditure from | Suite J4 |
| | corporate funds | Austin, TX 78746 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Membership Dues |
| | | Wiembership Dues |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | experientare to benefit 6/6/ | <u>'</u> |
| | Date | Payee name |
| | 07/21/2023 | Texas Federation of Republican Women |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$25.00 | 13740 N Hwy 183 |
| _ | T Expenditure from | Suite J4 |
| | corporate funds | Austin, TX 78746 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Membership Dues |
| | | Wiembership Bues |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 08/08/2023 | Texas Federation of Republican Women |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 13740 N Hwy 183 |
| | | Suite J4 |
| | Expenditure from corporate funds | Austin, TX 78746 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense Membership Dues |
| | | Wettibership Dues |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Cabadula F1: | |
| 1 Total pages Schedule F1: Sch: 32/35 Rpt: 65/68 | 2 FILER NAME Lubbock Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00029579 |
| 4 Date | 5 Payee name |
| 08/29/2023 | Texas Federation of Republican Women |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 13740 N Hwy 183 |
| Ψ30.00 | |
| Expenditure from | Suite J4 |
| corporate funds | Austin, TX 78746 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Membership Dues |
| | Membership Bucs |
| Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held |
| experialiture to benefit C/O | ' |
| Date | Payee name |
| 09/05/2023 | Texas Federation of Republican Women |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$25.00 | 13740 N Hwy 183 |
| | Suite J4 |
| Expenditure from corporate funds | Austin, TX 78746 |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| | Check if Austin, TX, officeholder living expense Membership dues |
| | Wiembership dues |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 09/26/2023 | Texas Federation of Republican Women |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$25.00 | 13740 N Hwy 183 |
| | Suite J4 |
| Expenditure from corporate funds | Austin, TX 78746 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. |
| LAI LINDITURE | Check if Austin, TX, officeholder living expense |
| | Membership Dues |
| Operation Children | Our didn't (Office helder game) |
| 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 Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: Sch: 33/35 Rpt: 66/68 | 2 FILER NAME Lubbock Area Republican Women PAC 3 Filer ID (Ethics Commission Filers) 00029579 |
| 4 Date 12/18/2023 | 5 Payee name Townsquare Media |
| 6 Amount (\$) \$449.75 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE | 7 Payee address; City; State; Zip Code 4413 82nd St Suite 300 Lubbock, TX 79424 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Drive |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 12/18/2023 | Payee name Townsquare Media |
| Amount (\$) \$1,218.00 Expenditure from corporate funds PURPOSE OF | Payee address; City; State; Zip Code 4413 82nd St Suite 300 Lubbock, TX 79424 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Check if Austin, TX, officeholder living expense Membership Drive |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date 12/19/2023 | Payee name Townsquare Media |
| Amount (\$) \$1,218.01 Expenditure from corporate funds | Payee address; City; State; Zip Code 4413 82nd St Suite 300 Lubbock, TX 79424 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Drive |
| 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)

fivertising Expense Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

| Credit Card Payment | The Instruction Guide explains how to com | plete this form. |
|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 34/35 Rpt: 67/68 | Lubbock Area Republican Women PAC | 00029579 |
| 4 Date | 5 Payee name | |
| 10/10/2023 | Townsquare Media | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Cod | е |
| \$1,129.19 | 4413 82nd St | |
| - " | Suite 300 | |
| Expenditure from corporate funds | Lubbock, TX 79424 | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | b) Description |
| EXPENDITURE | Event Expense | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | Pink Elephant |
| | | <u>_</u> .opa |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office soug | ht Office held |
| expenditure to benefit C/OI | | onice neid |
| 5. | | |
| Date | Payee name | |
| 11/04/2023 | Townsquare Media | |
| Amount (\$) | Payee address; City; State; Zip Cod | e |
| \$1,129.19 | 4413 82nd St | |
| Evnanditura from | Suite 300 | |
| Expenditure from corporate funds | Lubbock, TX 79424 | |
| 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. |
| EXI ENDITORE | | Check if Austin, TX, officeholder living expense |
| | | Radio Time - Pink Elephant |
| | | 000 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soug | ht Office held |
| | | |
| Date | Payee name | |
| 10/30/2023 | Townsquare Media | |
| Amount (\$) | Payee address; City; State; Zip Cod | e |
| \$1,129.19 | 4413 82nd St | |
| | Suite 300 | |
| Expenditure from corporate funds | Lubbock, TX 79424 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) | b) Description |
| OF | Event Expense | Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | Check if Austin, TX, officeholder living expense |
| | | Radio Time - Pink Elephant |
| | | |
| Complete ONLY if direct | Candidate/Officeholder name Office soug | ht Office held |
| expenditure to benefit C/OI | 1 | |
| | | |
| | | |

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

| 1 Total pages Schedule F1: Sch: 35/35 Rpt: 68/68 Lubbock Area Republican Women PAC 4 Date 11/01/2023 5 Payee name Walk by Faith Radio 6 Amount (\$) Sexpenditure from corporate funds 7 Payee address; City; State; Zip Code P.O Box 1150 Wolfforth, TX 79382 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if value outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant | | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|---|--|
| Sch: 35/35 Rpt: 68/68 Lubbock Area Republican Women PAC O0029579 4 Date | _ | T-t-1 O-b - t-1 - 51. | · |
| Table 11/01/2023 Walk by Faith Radio Amount (\$) Payee address; City; State; Zip Code P.O Box 1150 Wolfforth, TX 79382 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | _ | | |
| Table 11/01/2023 Walk by Faith Radio Amount (\$) Payee address; City; State; Zip Code P.O Box 1150 Wolfforth, TX 79382 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | 4 | Date | 5 Pavee name |
| \$480.00 P.O Box 1150 Expenditure from corporate funds Wolfforth, TX 79382 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| Wolfforth, TX 79382 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | \$480.00 | P.O Box 1150 |
| OF EXPENDITURE Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Wolfforth, TX 79382 |
| EXPENDITURE Check if Austin, TX, officeholder living expense Radio Ads for Pink Elephant 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | 8 | | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | Event Expense |
| 9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | |
| | | | Radio Aus for Pink Elephant |
| | | | |
| | 9 | | Candidate/Officeholder name Office sought Office held OH |
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