

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00054640	2 Total pages filed: 27
3 COMMITTEE NAME Wichita County Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/10/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 2565 Wichita Falls, TX 76307	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Cara NICKNAME LAST SUFFIX Smith	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3405 Watts Road Iowa Park, TX 76367	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1000 Mary Dr., Apt. 106 Iowa Park, TX 76367	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (940) 636-6727	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Wichita County Republican Women	13 Filer ID (Ethics Commission Filers) 00054640
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,347.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 450.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Cara Smith

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 27

12 COMMITTEE NAME Wichita County Republican Women		13 Filer ID (Ethics Commission Filers) 00054640
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Republican

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
4 of 27

17 COMMITTEE NAME Wichita County Republican Women		18 Filer ID 00054640	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,347.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	450.30
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	5,019.84
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/18 Rpt: 5/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amore, Lisa (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Iowa Park , TX 76367	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Self
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Nancy <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, PAm (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) SELF
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayres, PAm (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnard, Charles (Mr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) Wichita County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/18 Rpt: 6/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Kerry (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Burkburnett, TX 76354	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdwell, James	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Arlington , TX 76013	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breegle, Danny (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76307	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brotherton, Mitizi (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown , Stevie (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Wichita Falls, TX 76302	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/18 Rpt: 7/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Linda 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burlison, Debbie Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, James (Mr.) Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capron, Joyce (Mrs.) Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Sherrie (Ms.) Contributor address; City; State; Zip Code Wichita Falls, TX 76305	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/18 Rpt: 8/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Shirley (Mrs.)	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Craft Consulting
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craft, Shirley (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Craft Consulting
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curd, Stacie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curd, Stacie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Felicia	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Anesthesiologist		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/18 Rpt: 9/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davoult, Jantzen <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) Davoullt Company
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fain, Martha <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Alisha <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodrich, Maggie (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/18 Rpt: 10/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Sally	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) Local Office
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Sally	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Local Office
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Sally	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) Local Office
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haines, Lee Ann (Ms.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Schenk, Schenk & Haines
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamm, Jackie (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bowie, TX 76230		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) The Kitchen

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/18 Rpt: 11/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanger, Linda	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Kimberly	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Family Nurse Practitioner		Employer (See Instructions) AffordaCare
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoegger, Jackie (Ms.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Hoegger Communications
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogue, Lynda (Ms.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Lubbock , TX 79424	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Kimberly (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) KAH Accounting LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/18 Rpt: 12/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Sudan <hr/> 6 Contributor address; City; State; Zip Code Electra, TX 76307	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Pam <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) The Kitchen
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Douglas (Mr.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sara <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sarah <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/18 Rpt: 13/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Sarah	7 Amount of Contribution (\$) \$80.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76302		
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Dee (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosub, Dobie (Mr.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Asst District Attorney		Employer (See Instructions) Wichita County District Atty Office
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardi , Pam (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76307		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) self
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockhart, Gabby	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/18 Rpt: 14/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Donna <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) Retire		9 Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maier, Peggy (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mannon, Leslee <hr/> Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions)
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code Burkburnett, TX 76354	Amount of Contribution (\$) \$120.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Carol <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Businesswoman		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/18 Rpt: 15/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Natale, Gail (Mrs.)	7 Amount of Contribution (\$) \$80.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Tomi (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak, Pam	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Atmos Energy
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pak, Samuel (Mr.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Financial Advisor
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palatas, Vicki (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76310		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/18 Rpt: 16/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Partridge, Vicki <hr/> 6 Contributor address; City; State; Zip Code Lakeside City, TX 76308	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Vicky (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Development Director		Employer (See Instructions) Faith Mission
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poirot, Rhonda (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State Rep James Frank
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poirot, Rhonda (Mrs.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions) State Rep James Frank
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poplin, Mary (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Claremont Graduate University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/18 Rpt: 17/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 08/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poplin, Mary (Ms.)	7 Amount of Contribution (\$) \$60.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Claremont Graduate University
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Karen (Mrs.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76309		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Joseph	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Sandy	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Carla	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Iowa Park, TX 76367		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Hirschi Realtors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/18 Rpt: 18/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Sandra (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	7 Amount of Contribution (\$) \$80.00
8 Principal occupation / Job title (See Instructions) District Director		9 Employer (See Instructions) Rep. Mac Thornberry
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roughneen, Patrick <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) Heart Surgeon		Employer (See Instructions)
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Donna (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) W.L. Lindemann Operating Co.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheppard, Brenda (Ms.) <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Self
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cara (Mrs.) <hr/> Contributor address; City; State; Zip Code Iowa Park , TX 76367	Amount of Contribution (\$) \$37.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) 3 T Exploration Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/18 Rpt: 19/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cara (Mrs.)	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Iowa Park , TX 76367		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) 3 T Exploration Inc
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jennifer (Mrs.)	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 46310		
Principal occupation / Job title (See Instructions) Assistant to President		Employer (See Instructions) MSU
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Katherine (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76309		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Smith's Gardentown
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Katherine (Ms.)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76309		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Smith's Gardentown
Date 08/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Ty	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Fall, TX 76301		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Kell Auto

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/18 Rpt: 20/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Annette (Ms.)	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Iowa Park, TX 76367	
8 Principal occupation / Job title (See Instructions) Chief Deputy Clerk		9 Employer (See Instructions) Wichita County
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Encompass Home Health
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Patricia (Mrs.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townley, Nancy	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) United Regional
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waggoner, Courtney	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Domain Realtors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/18 Rpt: 21/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 08/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallach, Mike	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Colleyville, TX 76034	
8 Principal occupation / Job title (See Instructions) Judge		9 Employer (See Instructions) State of Texas
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walters, Debbie	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309	
Principal occupation / Job title (See Instructions) self		Employer (See Instructions)
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watts, Jeff (Mr.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Iowa Park, TX 76367	
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Wichita County
Date 10/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Reba (Ms.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherbee, Rhonda (Mrs.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Wichita Falls, TX 76309	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/18 Rpt: 22/27
2 FILER NAME Wichita County Republican Women		3 Filer ID (Ethics Commission Filers) 00054640
4 Date 09/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Julie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Louis	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) WFGI
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Womble, Kim	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Mik's
Date 09/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Clint	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76309		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Mary	Amount of Contribution (\$) \$80.00
Contributor address; City; State; Zip Code Wichita Falls, TX 76308		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 23/27	2 FILER NAME Wichita County Republican Women	3 Filer ID (Ethics Commission Filers) 00054640
4 Date 12/31/2023	5 Payee name TFRW	
6 Amount (\$) \$450.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78750-1832	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TFRW dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt:	2 FILER NAME Wichita County Republican Women	3 Filer ID (Ethics Commission Filers) 00054640
4 Date 07/14/2023	5 Payee name Arts Council	
6 Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1300 Lamar Wichita Falls, TX 76301	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) July Luncheon
Date 08/02/2023	Payee name Arts Council	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1300 Lamar Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) August Meeting
Date 11/01/2023	Payee name Arts Council	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1300 Lamar Wichita Falls , TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) November Meeting event room
Date 07/31/2023	Payee name Crane-West	
Amount (\$) 775.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4245 Kemp Blvd #815 Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Website

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Wichita County Republican Women	3 Filer ID (Ethics Commission Filers) 00054640
4 Date 10/18/2023	5 Payee name Crane-West	
6 Amount (\$) 407.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 4245 Kemp #815 Wichita Falls , TX 76308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Banners for events
Date 11/01/2023	Payee name Georgatos , Debbie	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 2565 Wichita Falls, TX 76307	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Speaker Fee
Date 10/18/2023	Payee name Haines, Lee Ann	
Amount (\$) 98.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1 Hickory Downs Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement - balloons
Date 10/03/2023	Payee name Half Pint Taproom	
Amount (\$) 716.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 817 Ohio Ave. Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) October Meeting event room

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Wichita County Republican Women	3 Filer ID (Ethics Commission Filers) 00054640
4 Date 08/02/2023	5 Payee name Hogue, Lynda	
6 Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 2565 Wichita Falls, TX 76307	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Speaker fee
Date 08/15/2023	Payee name Long, Donna	
Amount (\$) 39.78 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 2565 Wichita Falls, TX 76307	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for event supplies
Date 07/05/2023	Payee name Russel Pricket Food Service	
Amount (\$) 570.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2015 Avondale Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) July Meeting
Date 08/02/2023	Payee name Russell Pricket Food Service	
Amount (\$) 465.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2015 Avondale Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) August Luncheon

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Wichita County Republican Women	3 Filer ID (Ethics Commission Filers) 00054640
4 Date 09/06/2023	5 Payee name Russell Pricket Food Service	
6 Amount (\$) 330.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2015 Avondale Wichita falls, TX 76308	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) September Luncheon
Date 11/01/2023	Payee name Russell Pricket Food Service	
Amount (\$) 630.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2015 Avondale Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) November Luncheon
Date 09/06/2023	Payee name The Arts Council	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1300 Lamar Wichita Falls , TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) September Meeting fee
Date 12/31/2023	Payee name United States Post Office	
Amount (\$) 188.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1000 Lamar Street Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Box office fee