

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) 00054835	2 Total pages filed: 17
3 COMMITTEE NAME High Plains Republican Women PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/12/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Pox 19003 Amarillo, TX 79114	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mrs. Angie L.	
		NICKNAME LAST SUFFIX Angie Parker	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2240 W. Hwy 217 Canyon, TX 79015	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1246 Canyon, TX 79015	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (806) 282-7726	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
10 PERIOD COVERED		Month Day Year Month Day Year 07/01/2023 THROUGH 12/31/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <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 High Plains Republican Women PAC	13 Filer ID (Ethics Commission Filers) 00054835
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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
		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)	\$ 3,173.27
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,888.27
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 674.81
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,931.51
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,092.77
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. Angie L. Parker

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

SUBTOTALS - GPAC

17 COMMITTEE NAME High Plains Republican Women PAC		18 Filer ID (Ethics Commission Filers) 00054835
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,888.27
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	\$ 9,931.51
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Carey <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sr. Living Consultant		9 Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlender, Patricia <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fairly, Caroline <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Medical Negotiator		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Sandra <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Amarillo Independent School Dist.
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Laurie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Laurie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathes, Knoxie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 11/29/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106	7 Amount of Contribution (\$) \$375.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired - HR		Employer (See Instructions)
Date 07/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired - HR		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired - HR		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired - HR		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 09/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jamie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jamie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jamie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Jamie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Angie <hr/> Contributor address; City; State; Zip Code Canyon, TX 79015	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 07/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pharr, Terri <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79119	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Ted <hr/> Contributor address; City; State; Zip Code Ft. Worth, TX 76244	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ried, Jamie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate Sales		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ried, Jamie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79102	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate Sales		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmers, David <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79119	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, LuAnn <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) realtor		9 Employer (See Instructions)
Date 12/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorne, Laura (Ms.) <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Insurance Sales Rep/Broker		Employer (See Instructions) Broker - Self Employed
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Paula <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Undwewriter		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Paula <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Undwewriter		Employer (See Instructions)
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Debbie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/17
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 10/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Debbie <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79109	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Debbie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turley, Debbie <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79109	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tysick, Jay <hr/> Contributor address; City; State; Zip Code Kansas City, MO 64151	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Investment Manager		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: 1/7 Rpt: 11/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
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4 Date 09/06/2023	5 Payee name Abuelo's Mexican Restaurant
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6 Amount (\$) \$1,139.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3501 SW 45th Amarillo, TX 79109
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for monthly meeting
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2023	Payee name Abuelo's Mexican Restaurant
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Amount (\$) \$1,139.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3501 SW 45th Amarillo, TX 79109
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for monthly meeting
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/27/2023	Payee name Amarillo Chamber of Commerce
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Amount (\$) \$225.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1000 S Polk Amarillo, TX 79101
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Annual dues
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 2/7 Rpt: 12/17	2	FILER NAME High Plains Republican Women PAC	3	Filer ID (Ethics Commission Filers) 00054835
4	Date 11/14/2023	5	Payee name Lincoln Reagan Committee		
6	Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7	Payee address; City; State; Zip Code 109 Chucker St Amarillo, TX 79124-7803		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Table for banquet		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/31/2023		Candidate/Officeholder name National Federation of Republican Women			
Amount (\$) \$499.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 124 N. Alfred St. Alexandria, VA 22314			
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 Registration for conference		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/05/2023		Candidate/Officeholder name National Federation of Republican Women			
Amount (\$) \$290.00 <input type="checkbox"/> Expenditure from corporate funds		Payee address; City; State; Zip Code 124 N. Alfred St. Alexandria, VA 22314			
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 Registration for conference		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 13/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
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4 Date 07/17/2023	5 Payee name National Federation of Republican Women
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6 Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 124 N. Alfred St. Alexandria, VA 22314
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 07/17/2023	Payee name National Federation of Republican Women
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Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 124 N. Alfred St. Alexandria, VA 22314
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/27/2023	Payee name Panhandle Gives
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Amount (\$) \$450.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 20771 Amarillo, TX 79114
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/7 Rpt: 14/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 11/27/2023	5 Payee name Panhandle Gives	
6 Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 20771 Amarillo, TX 79114	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/03/2023	Candidate/Officeholder name Promotions Plus	
Amount (\$) \$1,093.25 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1407 SW 10th Suite B Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brochures
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2023	Candidate/Officeholder name Randall County GOP	
Amount (\$) \$350.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 3219 Commerce St. Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Forum in January
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/7 Rpt: 15/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 09/12/2023	5 Payee name TFRW	
6 Amount (\$) \$262.24 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Registration for conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/25/2023	Payee name TFRW	
Amount (\$) \$262.24 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Registration for conference
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/17/2023	Payee name TFRW	
Amount (\$) \$50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 16/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 08/09/2023	5 Payee name TFRW	
6 Amount (\$) \$303.60 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/12/2023	Candidate/Officeholder name TFRW	
Amount (\$) \$50.60 <input type="checkbox"/> Expenditure from corporate funds	Office sought 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/23/2023	Candidate/Officeholder name TFRW	
Amount (\$) \$25.30 <input type="checkbox"/> Expenditure from corporate funds	Office sought 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 7/7 Rpt: 17/17	2 FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4 Date 11/27/2023	5 Payee name TFRW	
6 Amount (\$) \$420.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2023	Payee name TFRW	
Amount (\$) \$506.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750	
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 Member dues
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/20/2023	Payee name United Market Street	
Amount (\$) \$339.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2530 S. Georgia Amarillo, TX 79109	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meat for Sheriff Appreciation dinner
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held