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) 00069596 3 COMMITTEE NAME **OFFICE USE ONLY** Williamson County Republican Leaders Date Received **ELECTRONICALLY FILED** 01/14/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 1595 Date Hand-delivered or Date Postmarked Change of Address Cedar Park, TX 78630 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Walter M. NAME NICKNAME LAST **SUFFIX** Manly STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 16621 Spotted Eagle Dr. STREET **ADDRESS** (Residence or Business) Leander, TX 78641 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 16621 Spotted Eagle Dr. MAILING **ADDRESS** Leander, TX 78641 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 635-8356 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID (Ethics Commission Filers)				
Williamson County Republican Leaders						
14 COMMITTEE	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold				
	2. TOTAL POLITICA	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	125.00		
EXPENDITURE	`	D POLITICAL EXPENDITURES				
TOTALS			\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,407.45		
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	1	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
16 AFFIDAVIT	I		<u> </u>			
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.				
		Mr. Walte	r M. Manlv			
	Mr. Walter M. Manly Signature of Campaign Treasurer					
AFFIX NOTA	RY STAMP / SEAL ABOVE					
Sworn to and subscrib	ed before me. by the said	, th	nis 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

FORM **GPAC**COVER SHEET PG 3

			3 of 4	
17 COMMITTEE NAME Williamson County Republican	Leaders	18 Filer ID 00069596	(Ethics Commission Filers)	
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. X SCHEDULE A1: MO	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2. SCHEDULE A2: NOI	N-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3. SCHEDULE B: PLEE	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4. SCHEDULE C1: MO ORGANIZATION	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			
6. SCHEDULE C3: MO	NETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$	
7. SCHEDULE C4: NOI ORGANIZATION	N-MONETARY SUPPORT FROM CORPORATION OR LABO	R	\$	
8. SCHEDULE D: PLEI	OGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. SCHEDULE E: LOAI	NS		\$	
10. X SCHEDULE F1: POL	ITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$ 2,407.45	
11. SCHEDULE F2: UNF	PAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PUF	RCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	TIONS	\$	
13. SCHEDULE F4: EXF	PENDITURES MADE BY CREDIT CARD		\$	
14. SCHEDULE I: NON-F	POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	TIONS	\$	
15. SCHEDULE K: INTER	REST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	

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
TTHER (output a colorograph and listed above)

Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		OTHER (enter a category not listed above)				
		e instruction dulue exp	nams now to co	шріс	te tilis lottii.	_		
1 Total pages Schedule F1:				3	Filer ID	(Ethics Commission Filers)		
Sch: 1/1 Rpt: 4/4	Williamson County Republican Leaders 00069596							
4 Date	5 Payee name							
12/31/2023	Flix Brewhous	е						
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de				
\$1,556.51	2200 S I-35 St	ıite B-1						
Expenditure from	Round Rock,	Y 78681						
corporate funds								
8 PURPOSE OF		ategories listed at the top of	this schedule)	(b)	Description			
EXPENDITURE	Event Expense	9			=			plete Schedule T.
					—		officeholder living	or monthly meetings
					Guarantee to	CU	vei veilue it	of monthly meetings
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Office	older name	Office sou	ght			Office h	eld
experialitate to belieff 6/01	1							
Date	Payee name							
07/03/2023	Frost Bank							
Amount (\$)	Payee address;	City;	State: Zip Co	de				
\$10.94	1450 Whitesto	· · · · · · · · · · · · · · · · · · ·	, —					
Ψ10.54	1430 Willesto	ne biva						
Expenditure from								
corporate funds	Cedar Park, T	X 78613						
PURPOSE	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description			
OF EXPENDITURE	Accounting/Ba				Check if travel of	outsi	de of Texas. Com	plete Schedule T.
LAFLINDITORL					—		officeholder living	g expense
					Bank Charge	S		
Complete ONLY if direct	Candidate/Office	older name	Office sou	ght			Office he	eld
expenditure to benefit C/OI	1							
Date	Payee name							
12/31/2023	Wild Apricot S	oftware Inc						
			0:: 7: 0					
Amount (\$)	Payee address;	•	State; Zip Co	de				
\$840.00	144 Front Stre	eet West, Suite 725						
Expenditure from								
corporate funds	Toronto Ontari	o M5J2L7 Canada						
PURPOSE	(a) Category (See C	ategories listed at the top of	this schedule)	(b)	Description			
OF	Accounting/Ba		and soriedule)	` ,		outsi	de of Texas. Com	plete Schedule T.
EXPENDITURE	7.000a.nag/20	9			Check if Austin,	, TX,	officeholder living	g expense
					Merchant Fee	es a	and Softwar	e
Complete ONLY if direct	Candidate/Office	older name	Office sou	ght			Office he	eld
expenditure to benefit C/OI	1			-				