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) 00054168 3 COMMITTEE NAME **OFFICE USE ONLY** Salado Area Republican Women Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 373 Date Hand-delivered or Date Postmarked Change of Address Salado, TX 76571 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Fayann NAME NICKNAME LAST **SUFFIX** Ridgley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3806 Chisholm Trail STREET **ADDRESS** (Residence or Business) Salado, TX 76571 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3806 Chisholm Trail MAILING **ADDRESS** Salado, TX 76571 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (254) 681-6532 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** 01/26/2024 02/24/2024 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

2 COMMITTEE NAME		13	Filer ID	(Ethics Commission Filers)
Salado Area Republ	ican Women		00054168	}
4 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. Macauras	A. Supported		
	Measures (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS		OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
		t qualifies for the higher itemization threshold		
		AL CONTRIBUTIONS	\$	558.08
	(OTHER THAN PLE	EDGES, LOANS, OR GUARANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
TOTALS				0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	2,463.30
CONTRIBUTION		CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	AY \$	15 707 10
BALANCE	OF THE REPORTIN	IG PERIOD		15,727.19
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TH REPORTING PERIOD	E \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of perjutrue and correct and includes all informations under Title 15, Election Code.		
		Fayann F	Ridgley	
		Signature of Camp	paign Treasi	urer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said	, this	the	day
		which, witness my hand and seal of office.		
	, <u></u> ,,	,		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 12
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics Commiss	ion Filers)
Sal	ado Ar	ea Republican Women	00054168	`	,
19 SCI	HEDULI	SUBTOTALS		Τ	
		SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	558.08
2.	П	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
	ш				
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	Ш			Ψ	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
, T.	Ш	ORGANIZATION		Φ	
_		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.		ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,463.30
	<u> </u>			<u> </u>	,
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	Щ	CONTEDUCE 1 2. CIM AND INCOMMED OBLIGATIONS		Ψ	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	6	
12.	Ш	SCHEDOLE FS. FORCHASE OF INVESTIMENTS FROM FOLITICAL CONTRIBOTION	ONS	\$	
10		COLUMN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		 \$	
14.	Ш	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
		COLIED HER WINTEDECT OPEDITO CAING DEFINIDO AND CONTRIBUTIONO	DETUDNED		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
I					

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete	e this for	m.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/12		
2	FILER NAME Salado Area	Republican Women			3	Filer ID (Ethics Commission 00054168	n Filers)	
4	Date 02/02/2024 5 Full name of contributor out-of-state PAC (ID#:) Abraham, Jennifer 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00			
8	Principal occu	Salado, TX 76571 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/			
0	Business Ov		ا	Employer (See instructions)			
	Date 02/23/2024	Full name of contributor out-of-state F Avery, Janis Contributor address; City; State; Zip Code Killeen, TX 76542)		Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)			
	Home Mana	ger						
	Date 02/23/2024	Full name of contributor out-of-state F Balady, Diane Contributor address; City; State; Zip Code	PAC (ID#:)		Amount of Contribution (\$)	\$20.00	
		Belton, TX 76513						
	Principal occu Travel Direct	oation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 01/31/2024	Full name of contributor out-of-state F Cadence Bank Contributor address; City; State; Zip Code Salado, TX 76571				Amount of Contribution (\$)	\$3.08	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date 02/12/2024	Full name of contributor out-of-state F Coggin, Diana Contributor address; City; State; Zip Code Salado, TX 76571				Amount of Contribution (\$)	\$35.00	
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/12	
2	FILER NAME Salado Area	Republican Women		3	Filer ID (Ethics Commission 00054168	n Filers)
4	Date 02/12/2024 5 Full name of contributor out-of-state PAC (ID#:) Coggin, Michael 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00	
_		Salado, TX 76571	1	L		
8	Principal occu Engineer	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 02/02/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
	Principal occu	Temple, TX 76501 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Business Ow			-,		
	Date 02/02/2024	Full name of contributor out-of-state PAC (IE Faulkner, Wade Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Salado, TX 76571				
	Principal occu Attorney	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID Garapati, Abhiram Contributor address; City; State; Zip Code Austin, TX 78732)		Amount of Contribution (\$)	\$20.00
	Principal occu Small Busine	oation / Job title (See Instructions) ss Owner	Employer (See Instructions	5)		
	Date 02/02/2024	Full name of contributor out-of-state PAC (IE Herrick, Elaine Contributor address; City; State; Zip Code Salado, TX 76571)#:)		Amount of Contribution (\$)	\$35.00
	Principal occu Professor	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			,			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/12		
2	FILER NAME Salado Area	Republican Women		3	Filer ID (Ethics Commission 00054168	ı Filers)	
4	Date 02/12/2024 5 Full name of contributor out-of-state PAC (ID#:) Kelley, Troy 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$35.00		
_		Salado, TX 76571	1	_			
8	Artist	pation / Job title (See Instructions)	9 Employer (See Instructions	S)			
	Date 02/12/2024	Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$35.00	
	Principal occu	Salado, TX 76571 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)			
	small busine	ss owner					
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID# Lewis, Ashley Contributor address; City; State; Zip Code	:)	•	Amount of Contribution (\$)	\$35.00	
		Salado, TX 76571					
	Principal occu Tourism Dire	oation / Job title (See Instructions) ctor	Employer (See Instructions	5)			
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID# Melsha, Michele Contributor address; City; State; Zip Code Temple, TX 76504	:)		Amount of Contribution (\$)	\$20.00	
	Principal occu Admin. Assis	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> S)			
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID# Morin, Janice Contributor address; City; State; Zip Code Salado, TX 76571	:)	•	Amount of Contribution (\$)	\$35.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)			
			•				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/12	
2	FILER NAME Salado Area	Republican Women		3	Filer ID (Ethics Commission 00054168	ı Filers)
4	Date 02/22/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$35.00
8	Principal occu	Salado, TX 76571 pation / Job title (See Instructions)	9 Employer (See Instructions			
_		an Dance Team	employer (See Instructions	,		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Reihsen, Bobbie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Salado, TX 76571				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Shirley, Dottie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$35.00
		Salado, TX 76571				
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Swarthout, Barbara Contributor address; City; State; Zip Code Salado, TX 76571)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

xpense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	lete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (I	Ethics Commission Filers)
Sch: 1/5 Rpt: 8/12	Salado Area Republican Women	00054168	
4 Date	5 Payee name		
02/02/2024	Dollar Tree		
6 Amount (\$)	7 Payee address; City; State; Zip Co		
\$9.20	3144 s 31st St		
Expenditure from corporate funds	Temple, TX 76502		
8 PURPOSE		Description	
OF	Event Expense	Check if travel outside of Texas. Complete	te Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living ex	pense
		Hospitality Jan meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	Office held	
experientare to benefit e/of	<u>'</u>		
Date	Payee name		
02/02/2024	Hobby Lobby		
Amount (\$)	Payee address; City; State; Zip Co		
\$9.65	2112 SW HK Dodgen Lp		
Expenditure from corporate funds	Temple, TX 76504		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete	
EXI ENDITORE		Check if Austin, TX, officeholder living ex	pense
		Hospitality Jan meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sour	Office held	
expenditure to benefit C/O	•	. Office field	
Date	Payee name		
02/02/2024	La Luncheonette		
Amount (\$)	Payee address; City; State; Zip Co		
\$300.00	204 Penelope		
Expenditure from			
corporate funds	Belton, TX 76513		
PURPOSE OF	,	Description	
EXPENDITURE	Event Expense	Check if travel outside of Texas. Completed Check if Austin, TX, officeholder living ex	
		lunch Feb meeting	pense
		9	
Complete ONLY if direct	Candidate/Officeholder name Office sou	Office held	
expenditure to benefit C/O		530 Hold	

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fr. Consulting Expense Fr. Contributions/ Donations Made By - G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
ordan dara r ayınısın	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/5 Rpt: 9/12	Salado Area Republican Women 00054168	
4 Date	5 Payee name	
02/02/2024	La Luncheonette	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,326.40	204 Penelope	
Expenditure from corporate funds	Belton, TX 76513	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	FCL 2024 caterer deposit	
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
onponditure to senionic ere-		
Date	Payee name	
02/22/2024	La Luncheonette	
Amount (\$)	Payee address; City; State; Zip Code	
\$270.00	204 Penelope	
Expenditure from corporate funds	Belton, TX 76513	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Event Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Balance for Feb meeting lunch	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
Date	Payee name	=
02/19/2024	M&D Business Services	
Amount (\$)	Payee address; City; State; Zip Code	
\$55.21	P.O. Box 2067	
Evponditure from		
Expenditure from corporate funds	Temple, TX 76503	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Printing Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	FCL 2024 flyers printing	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	H	
		-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 10/12	Salado Area Republican Women 00054168
4 Date	5 Payee name
02/19/2024	M&D Business Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$22.08	P.O. Box 2067
- Evpanditura from	
Expenditure from corporate funds	Temple, TX 76503
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense FCL flyers printing
	TOE HYOIS PHINTING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/19/2024	M&D Business Services
Amount (\$)	Payee address; City; State; Zip Code
\$56.83	P.O. Box 2067
Ψ30.03	1.0. Box 2001
Expenditure from corporate funds	Temple, TX 76503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense FCL tickets printing
	TOE done of printing
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/22/2024	SARW
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	P O Box 373
400.00	
Expenditure from corporate funds	Salado, TX 76571
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense SARW cash for change
	37 tive cash for change
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 11/12	Salado Area Republican Women 00054168
4 Date	5 Payee name
02/02/2024	Salado ISD
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	602 N. Main St.
Expenditure from corporate funds	Salado, TX 76571
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	room rental Feb meeting
	Toom To mean of moderning
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/02/2024	Staples
Amount (\$)	Payee address; City; State; Zip Code
\$31.38	2112 SW HK Dodgen Lp
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Temple, TX 76504
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	SARW Bank Deposit stamp
	S. W. V. Balling S. Salaring
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/31/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$227.20	P O Box 171146
70	1 0 30% = 1 = 1 10
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense membership dues
	membership dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, _ I Co	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense mmittee Legal Services The Instruction Guide explains h	Office Overh Polling Expe Printing Expe Salaries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	-	· · · · · · · · · · · · · · · · · · ·			3	Filer ID (Ethics Commission Filers)
_	Sch: 5/5 Rpt: 12/12	2	Salado Area Republican Women			3	Filer ID (Ethics Commission Filers) 00054168
1	Date	5				<u> </u>	
*	02/02/2024	3	Payee name Walmart				
6	Amount (\$) \$5.35	7	Payee address; City; State; 3401 S. 31st St	Zip Code	9		
	Expenditure from corporate funds		Temple, TX 76502				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule) (I		, TX	side of Texas. Complete Schedule T. K, officeholder living expense meeting
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name O	ffice sough	nt		Office held