

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00054835	<b>2</b> Total pages filed: 8
<b>3</b> COMMITTEE NAME High Plains Republican Women PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 02/26/2024	
<b>4</b> 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	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mrs.	Angie L.	
		NICKNAME	LAST SUFFIX
		Angie	Parker
<b>6</b> 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		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1246  Canyon, TX 79015		
<b>7</b> 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		
	AREA CODE PHONE NUMBER EXTENSION (806) 282-7726		
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination		
		<input type="checkbox"/> Runoff	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/26/2024		02/24/2024
<b>11</b> ELECTION	ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" 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

<b>12 COMMITTEE NAME</b> High Plains Republican Women PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00054835
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$ 1,621.95
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 30,856.95
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 132.50
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 1,855.70
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 40,086.75
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 8

<b>17 COMMITTEE NAME</b> High Plains Republican Women PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00054835
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 30,856.95
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	\$ 1,855.70
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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohlender, Pat	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code  Canyon, TX 79015	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coffee, Veronica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Coffee, Veronica	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79124	
Principal occupation / Job title (See Instructions) Office Administrator		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gallardo, Jennifer	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79103	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gandy Donohue, Hollie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AMARILLO, TX 79106	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
<b>2</b> FILER NAME High Plains Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054835
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gray, Kim <hr/> <b>6</b> Contributor address; City; State; Zip Code  Amarillo, TX 79108	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Self-Employed		<b>9</b> Employer (See Instructions)
Date 02/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lincoln Reagan Committee <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79124-7803	Amount of Contribution (\$)  \$28,800.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Murrow, Janice <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79106	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Odom, Lynda <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79108	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Optician		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Parker, Shannon <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79119	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) District Director		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Blair	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code  Amarillo, TX 79103	
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Schaffer, Blanca	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79103	
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silverman, Rhonda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Silverman, Sam	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Amarillo, TX 79109	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Thompson, Jim	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  AMARILLO, TX 79106	
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
<b>2</b> FILER NAME High Plains Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00054835
<b>4</b> Date 02/07/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggins, Courtney <hr/> <b>6</b> Contributor address; City; State; Zip Code  Canyon, TX 79015	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wiggins, Courtney <hr/> Contributor address; City; State; Zip Code  Canyon, TX 79015	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Zinn, Kathy <hr/> Contributor address; City; State; Zip Code  Amarillo, TX 79118	Amount of Contribution (\$)  \$25.00
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.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME High Plains Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00054835
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name Abuelo's Mexican Restaurant
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<b>6</b> Amount (\$) \$1,242.50  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3501 SW 45th  Amarillo, TX 79109
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</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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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2024	Payee name TFRW
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Amount (\$) \$480.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</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
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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