FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080382 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Strong Republican Women Date Received **ELECTRONICALLY FILED** 03/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 543 Change of Address Argyle, TX 76226-0543 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 01/26/2024 02/25/2024

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME Texas Strong Repub	dican Women		13 Filer	ID 30382	(Ethics Commission Filers)
		T		00002	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Magguras	A. Supported			
	Measures (Describe by date and location)	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS		O POLITICAL CONTRIBUTIONS (OTHER TH	IAN		
TOTALS	CONTRIBUTIONS N	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY)		\$	0.00
	check here if this report TOTAL POLITICA	qualifies for the higher itemization threshold			
		DGES, LOANS, OR GUARANTEES OF LOAN	NS)	\$	1,753.47
EXPENDITURE	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES		_	
TOTALS				\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	220.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE G PERIOD	LAST DAY	\$	28,301.91
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS A REPORTING PERIOD	AS OF THE	\$	0.00
6 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	ty of perjury, tha all information re	at the ac equired	ccompanying report is to be reported by me
		F	rederick C. Ta	to.	
			e of Campaign		or .
455W NOT	DV 0744D / 0544 4D0V5	Jigilature	e or Campaign	rreasur	GI
AFFIX NOTA	RY STAMP / SEAL ABOVE				
Sworn to and subscrib	oed before me, by the said _		, this the _		day
of	, 20, to certify	which, witness my hand and seal of office.			
Cignostinos -t -tt	administration and	Drinted name of officers administration and	T:4	of off:	or administation a -tt-
Signature of officer	administering oath	Printed name of officer administering oath	Title	of office	er administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 9
17 CO	MMITTE	E NAME	18 Filer ID	(Ethics C	Commission Filers)
Tex	as Str	ong Republican Women	00080382		
	HEDULE ME OF S	SUI	BTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,645.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	108.47
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				\$	
9. SCHEDULE E: LOANS				\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	220.43
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				\$	
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/9			
2	FILER NAME Texas Strong	g Republican Women			3	Filer ID (Ethics Commission 00080382	n Filers)		
4			7	Amount of Contribution (\$)	\$300.00				
8	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>				
	Director of P			RRD	,				
Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 Kelsey, Lynne Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00					
	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>				
Retired Retired			Retired						
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$45.00				
		Denton, TX 76207							
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()				
Date O2/14/2024 Contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$100.00				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)					
	Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 Mashburn, Shelby Contributor address; City; State; Zip Code Northlake, TX 76226			Amount of Contribution (\$)	\$100.00				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()				
			_						

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1			
	The Instruc	ction Guide explains how to complete t	this for	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/9			
2	2 FILER NAME Texas Strong Republican Women			3	Filer ID (Ethics Commissio 00080382	n Filers)			
4	Date 02/14/2024 5 Full name of contributor out-of-state PAC (ID#:) Minoff, Vanessa 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00				
8	Principal occu	Flower Mound, TX 75022 pation / Job title (See Instructions)	l g	Employer (See Instructions	;) 				
_	Business Ow			Self Employed	"				
	Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 Murphree, Stacy Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00				
	Delicalization	Sanger, TX 76266		Faralassa (Ossalastasstisas					
			Employer (See Instructions Denton County	5)					
Date Full name of contributor out-of-state PAC (ID#:) 02/14/2024 O'Neill, Angela Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$175.00				
		Flower Mound, TX 75022							
	Principal occu Substitute Te	pation / Job title (See Instructions) eacher		Employer (See Instructions Self Employed	s)				
	Date 02/05/2024	Full name of contributor out-of-state PAC Rettig, Stephanie Contributor address; City; State; Zip Code North Richland Hills, TX 76182	,)		Amount of Contribution (\$)	\$175.00		
		Employer (See Instructions Self Employed	5)						
Date Full name of contributor out-of-state PAC (ID#:) 01/28/2024 Steckler, Nancy Contributor address; City; State; Zip Code Northlake, TX 76226			Amount of Contribution (\$)	\$350.00					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)				
			l						

	MONETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/9
2	FILER NAME Texas Strong Republican Women	3	Filer ID (Ethics Commission Filers) 00080382
4	Date 02/14/2024 5 Full name of contributor out-of-state PAC (ID#:) Vess, Katherine 6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$100.00
8	Denton, TX 76207 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions) Retired	tions)	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/9 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Strong Republican Women 00080382 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/05/2024 Tate, Fred \$108.47 Campaign Bookkeeping 7 Contributor address; City; State; Zip Code Services and Support Colleyville, TX 76034 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) CFO Shield LLC Managing Director 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

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	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: 1/2 Rpt: 8/9	Texas Strong Republican Women 00080382
4 Date	5 Payee name
02/14/2024	Anedot Inc
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.30	1381 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70153
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
	Chime Bondaion 1 rocessing rec
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payeo namo
02/14/2024	Payee name Anedot Inc
Amount (\$)	Payee address; City; State; Zip Code
\$2.10	1381 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70153
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/26/2024	Constant Contact
Amount (\$)	Payee address; City; State; Zip Code
\$24.53	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Email Advertising
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

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)

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 9/9	Texas Strong Republican Women		00080382
4	Date	5 Payee name		
	02/02/2024	Google LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$6.40	1600 Amphitheatre Pkwy		
	- Evpanditura from			
	Expenditure from corporate funds	Mountain View, CA 94043		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Advertising Expense	į	Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORE			Check if Austin, TX, officeholder living expense
				Google G-Suite Subscription
0	Complete ONLY if direct	Candidate/Officeholder name Office soud	ht	Office hold
y	Complete ONLY if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	H	Office held
	Date	Payee name		
	02/06/2024	ShoutSocial.com		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$6.00	1 E Center Street, Suite 300		
	Expenditure from corporate funds	Provo, UT 84606		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		j	Check if Austin, TX, officeholder living expense
				Advertising Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	02/16/2024	TFRW		
_	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$177.10	PO Box 171146		
_	■ Expenditure from			
L	corporate funds	Austin, TX 78717		
	PURPOSE	,	b)	Description
	OF EXPENDITURE	Contributions/Donations Made By	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee		Membership Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI		-	