#### 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) 00055384 3 COMMITTEE NAME **OFFICE USE ONLY** Harrison County Republican Women Date Received **ELECTRONICALLY FILED** 07/10/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 200 W. Houston st. Rm 331 Date Hand-delivered or Date Postmarked Change of Address Marshall, TX 75670 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Sherry L. NAME NICKNAME LAST **SUFFIX** Rushing STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4400 Jeff Davis St. STREET **ADDRESS** (Residence or Business) Marshall, TX 75672 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 4400 Jeff Davis St. MAILING **ADDRESS** Marshall, TX 75672 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (903) 926-6413 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Harrison County Repu	blican Women		00055384	
14 COMMITTEE 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		
	Measures (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 X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,923.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,027.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	17,732.06
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Sherry L	Rushing	
		Signature of Cal	mpaign Treasu	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, tł	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

# **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

					3 of 12
17 CON	MMITTE	E NAME	18 Filer ID	(Ethics Comm	ission Filers)
Har	rison (	County Republican Women	00055384	•	,
19 SCH	HEDULI	SUBTOTALS			
NAN	/IE OF	SCHEDULE		SUBTOT	AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,923.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		\$			
7.		\$			
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,850.03
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	897.84
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

TARY POLITICAL CONTRIBUTI	IONS	SCHEDULE A1
iction Guide explains how to complete this	s form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/12
eunty Republican Women		3 Filer ID (Ethics Commission Filers) 00055384
5 Full name of contributor out-of-state PAC (ID		7 Amount of Contribution (\$) \$3,923.00
MARSHALL, TX 75670		
upation / Job title (See Instructions)	9 Employer (See Instructions	s)
	totion Guide explains how to complete this  bunty Republican Women  5 Full name of contributor  out-of-state PAC (ID HARRISON COUNTY REPUBLICAN WOME)  6 Contributor address; City; State; Zip Code  MARSHALL, TX 75670	S Full name of contributor

## 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

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.	OTTIEN (enter a category not isseed above)	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·		3 Filer ID (Ethics Commission Fi	ilers)
Sch: 1/6 Rpt: 5/12	Harrison County Republican Women		00055384	,
4 Date	5 Payee name			
02/09/2024	ABBOTT, CINDY			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de		
\$35.00	255 WOODLAWN HILL			
Expenditure from corporate funds	WOODLAWN, TX 75694			
8 PURPOSE OF	,	(b) Description		
EXPENDITURE	Fees		outside of Texas. Complete Schedule T.  n, TX, officeholder living expense	
		ш	EMBERSHIP REFUND	
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	nht	Office held	
expenditure to benefit C/OI		,	Since Held	
Date	Davis and the second			
06/21/2024	Payee name C C CATERING			
Amount (\$)	Payee address; City; State; Zip Cod	de		
\$585.00	564 LARRY WOODLEY RD			
Expenditure from corporate funds	MARSHALL, TX 75672			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense	<u> </u>	outside of Texas. Complete Schedule T.	
		MONTHLY M	n, TX, officeholder living expense	
		WONTHET	IEETING	
Complete ONLY if direct	Condidate/Officeholder name Office cour	•h+	Office hold	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	Jur.	Office held	
Date	Payee name			
05/17/2024	COX, PENNY			
Amount (\$)	Payee address; City; State; Zip Coo	de		
\$92.48	6376 US HWY 59 S.			
— Foresediture from				
Expenditure from corporate funds	MARSHALL, TX 75670			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense		outside of Texas. Complete Schedule T.	
EXPENDITORE	·	ш	n, TX, officeholder living expense	
		SUPPLIES		
Complete ONLY if direct	Candidate/Officeholder name Office souç	ght	Office held	
expenditure to benefit C/OI	1			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beve - Gift/Award Committee Legal Serv	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total marca Cabadula F1.					_	Tiles ID	(Ethias Commission Filora)	
1 Total pages Schedule F1: Sch: 2/6 Rpt: 6/12	Harrison County Re	epublican Women				Filer ID 00055384	(Ethics Commission Filers)	
4 Date	5 Payee name							
02/04/2024	EBARB, JUDITH							
6 Amount (\$) \$29.54	7 Payee address; C P. O. BOX 533	City; State;	Zip Code					
Expenditure from corporate funds	HARLETON, TX 75	5651						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categori Event Expense	es listed at the top of this sched		_	TX, o	le of Texas. Comp officeholder living		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder	name Off	fice sought			Office he	ld	
Date	Payee name							
03/11/2024	ELKS LODGE							
Amount (\$)	Payee address; C	City; State;	Zip Code					
\$150.00	411 E. AUSTIN							
Expenditure from corporate funds	MARSHALL, TX 75	6670						
PURPOSE OF EXPENDITURE	(a) Category (See Categori Event Expense	es listed at the top of this sched		<b></b>	TX, o	de of Texas. Comp officeholder living TING		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder	name Off	fice sought			Office he	ld	
Date 01/01/2024	Payee name GREATER MARSH	HALL CHAMBER OF	COMMERC	Έ				
Amount (\$) \$100.00	Payee address; CP. O. POX 520	City; State;	Zip Code					
Expenditure from corporate funds	MARSHALL, TX 75	6671						
PURPOSE	(a) Category (See Categori	es listed at the top of this sched	(b) [	Description				
OF EXPENDITURE	Fees			_	TX, o	le of Texas. Compofficeholder living		
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder	name Off	fice sought			Office he	ld	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense

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: 3/6 Rpt: 7/12	Harrison County Republican Women 00055384
4 Date	5 Payee name
05/17/2024	HARRISON COUNTY REPUBLICAN WOMEN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	200 W. Houston
- "	
Expenditure from corporate funds	MARSHALL, TX 75670
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PETTY CASH FOR MEETINGS
	TETTI CASITI OK WILLTINGS
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/25/2024	JOSE TEQUILAS
Amount (\$)	Payee address; City; State; Zip Code
\$381.04	1205 E. END BLVD.
- Funanditura from	
Expenditure from corporate funds	MARSHALL, TX 75671
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
_/	Check if Austin, TX, officeholder living expense
	MONTHLY MEETING
Operation ONE Wife discont	Our didn't lotter had a marrie of the country of th
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
04/26/2024	JOSE TEQUILAS
Amount (\$)	Payee address; City; State; Zip Code
\$385.00	1205 E. END BLVD.
— Forest dit us form	
Expenditure from corporate funds	MARSHALL, TX 75671
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	MONTHLY MEETING
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal marian Calcadida F1.	
1 Total pages Schedule F1:	
Sch: 4/6 Rpt: 8/12	Harrison County Republican Women 00055384
4 Date	5 Payee name
04/19/2024	MARSHALL CONVENTION CENTER
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$275.00	2501 E. END BLVD.
Expenditure from corporate funds	MARSHALL, TX 75670
	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DEPOSIT FOR COLUMBUS DAY BANQUET
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/17/2024	PEPPER, BRIANNA
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	354 S CYPRESS
Expenditure from corporate funds	HARLETON, TX 75672
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Gift/Awards/Memorials Expense  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	SCHOLORSHIP
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/02/2024	THOMPSON, JEFF
Amount (\$)	Payee address; City; State; Zip Code
\$15.00	100 TRAVIS ST
Expenditure from	
corporate funds	MARSHALL, TX 75670
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.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	REFUND MEMBERSHIP
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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 cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/6 Rpt: 9/12	Harrison County Republican Women	00055384
4 Date	5 Payee name	<u> </u>
03/11/2024	TUNNELS OF TOWERS	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$200.00	2361 HYLAN BLVD.	
Expenditure from corporate funds	STATEN ISLAND, NY 10306	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,	Check if Austin, TX, officeholder living expense
		DONATION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office souç	ght Office held
experience to believe even		
Date	Payee name	
01/04/2024	U. S. Postal Service	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$176.00	P. O. Box 9998	
Expenditure from		
corporate funds	Marshall, TX 75671	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LA LINDITORIL		Check if Austin, TX, officeholder living expense POSTAGE STAMPS
		POSTAGE STAMPS
Complete ONLY if direct	Candidate/Officeholder name Office soud	oht Office held
expenditure to benefit C/O		gnt Onice neid
Dete		
Date 04/30/2024	Payee name WOUNDED WARRIORS	
Amount (\$)	Payee address; City; State; Zip Cod	de
\$200.00	4899 BELFORT ROAD	
Expenditure from		
corporate funds	JACKSONVILLE, FL 32256	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	(b) Description
EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DONATION
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O		-

## 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	nmittee	Legal Servic				xpens Wages	e /Contract Labor ete this form.		Travel Out of Di OTHER (enter a	strict a category not listed	above)
┝	T	_			Jotion Guide	скрішно				1_	E'' 15	(Elle) - O	
l⁺	Total pages Schedule F1:	-				_				3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 6/6 Rpt: 10/12		Harrison Co	ounty Rep	oublican V	Vomen					00055384		
4	Date	5	Payee name										
	05/17/2024		YALL'S PLA	ACE CAT	ERING								
6	Amount (\$)	7	Payee addre	ss. Ci	ty;	State:	Zip Co	nde					
ľ	\$575.97	ľ	1372 MOXI				p =						
l	Ψ313.31		1372 MOXI	LI OILC	CLIVITAL	,							
_	T Expenditure from												
┞	corporate funds		KARNACK,	TX 7566	61								
8	PURPOSE	(a)	Category (S	ee Categories	s listed at the to	op of this sche	edule)	(b)	Description				
l	OF		Food/Bever			•	,			outsi	de of Texas. Con	nplete Schedule T.	
l	EXPENDITURE										officeholder livin	g expense	
l									MONTHLY M	/IEE	TING		
l													
9	Complete ONLY if direct	(	Candidate/Off	iceholder r	name	C	Office sou	ıght			Office h	eld	
	expenditure to benefit C/OI	Н											
┢													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													
l													

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

Candidate/Officenoider/Politica	-	ruction Guide explains how		THER (enter a category	not listed at	oove)	
1 Total pages Schedule F4:	2 FILER NAME	·	<u> </u>	3 Filer ID (Ethics	Commiss	sion Filers)	
Sch: 1/2 Rpt: 11/12	Harrison County Re	epublican Women	00055384				
4 CREDIT CARD ISSUER	Name of final	ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$531.30	02/21/2024					
7 PAYEE	(a) Payee name  Texas Federation o	f Republican	(b) Payee address; 13740 N Hwy 183 Ste J4	City,	State,	Zip Code	
			Austin, TX 78750				
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description MEMBERSHIPS				
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$50.60	03/13/2024					
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code	
	Texas Federation o	f Republican	13740 N Hwy 183 Ste J4				
	() 2		Austin, TX 78750				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description MEMBERSHIPS				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held			
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	r Paid			
Expenditure from corporate funds	\$189.44	03/15/2024					
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code	
	Blue Frog		208 N Washington				
			Marshall, TX 75670				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Food/Beverage Expe	•	(b) Description MONTHLY MEETING				
Political	. 334, 2010 tago Exper						
X Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exper	nse		
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held			
expenditure to benefit C/OH							

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- Gift/Awards	age Expense //Memorials Expense ces	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a cate	gory not listed at	oove)		
	The Insti	uction Guide explains h	ow to complete this form.					
Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Et	hics Commiss	ion Filers)		
Sch: 2/2 Rpt: 12/12	Harrison County Re	publican Women	00055384					
CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITE	MIZED				
ISSUER	see nr	evious	EXPENDITURES	\$				
	300 pi	CVIOUS	CHARGED TO A C	CREDIT				
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Car	d Issuer Paid				
Expenditure from corporate funds	\$126.50	06/04/2024						
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
			13740 N Hwy 183	Ste J4				
	Texas Federation o	f Republican						
			Austin, TX 78750					
		of this cohodula)						
		or triis scriedule)	MEMBERSHIPS					
x Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if A	austin, TX, officeholder living e	expense			
Complete ONLY if direct	Candidate/Officeholder	name O	ffice sought	Office held				
xpenditure to benefit C/OH								
	Total pages Schedule F4: Sch: 2/2 Rpt: 12/12  CREDIT CARD ISSUER  PAYMENT  Expenditure from corporate funds  PAYEE  PURPOSE OF EXPENDITURE  X Political	Total pages Schedule F4: Sch: 2/2 Rpt: 12/12  CREDIT CARD ISSUER  PAYMENT  Expenditure from corporate funds  PAYEE  (a) Payee name  Texas Federation of See Categories listed at the top of Fees  X Political  Non-Political  Complete ONLY if direct  Committee  Legal Servi The Instr  (a) FILER NAME  Harrison County Re  (a) Amount Charged  \$126.50  (a) Payee name  Texas Federation of See Categories listed at the top of Fees  Complete ONLY if direct  Candidate/Officeholder	Total pages Schedule F4: Sch: 2/2 Rpt: 12/12  CREDIT CARD ISSUER  PAYMENT (a) Amount Charged (b) Date of Charge Stependiture from corporate funds  PAYEE (a) Payee name  Texas Federation of Republican  PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule)  Fees  Candidate/Officeholder name O	The Instruction Guide explains how to complete this form.  Total pages Schedule F4: Sch: 2/2 Rpt: 12/12  CREDIT CARD ISSUER  Respenditure from corporate funds  PAYEE  (a) Payee name  Texas Federation of Republican  Texas Federation of Republican  (a) Category  (b) Payee address;  13740 N Hwy 183:  Texas Federation of Republican  (b) Description  Austin, TX 78750  (b) Description  MEMBERSHIPS  Charded (b) Description  Austin, TX 78750  (c) Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Card To Austin, Tx Texas Complete Schedule T.  Candidate/Officeholder name  Card To Austin, Tx Texas Complete Schedule T.  Candidate/Officeholder name  Card To Austin, Tx 78750  (b) Description  MEMBERSHIPS	Total pages Schedule F4: 2 FILER NAME	Total pages Schedule F4: 2 FILER NAME Sch: 2/2 Rpt: 12/12 Harrison County Republican Women  Name of financial institution See previous  PAYMENT Corporate funds  Austin, TX 78750  PURPOSE OF EXPENDITURE  PAPE (a) Category EXPENDITURE  (a) Category Corporate funds  POlitical Non-Political Complete ONLY if direct  Candidate/Officeholder Ivanse  Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.  The Instruction Guide explains how to complete this form.  3 Filer ID (Ethics Commiss 00055384)  COUNTY (Ethics Commiss 00055384)  5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, 13740 N Hwy 183 Ste J4  Check if Austin, TX 78750  (b) Description  MEMBERSHIPS  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		