

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00054563	<b>2</b> Total pages filed: 9	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Brown County Republican Women Club			Date Received ELECTRONICALLY FILED 07/12/2024
<b>4</b> TREASURER NAME Tongate, Sandra			Date Hand-delivered or Date Postmarked
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024
Date Imaged			

**7 EXPLANATION OF CORRECTION**  
When I originally filed I left off two checks that were written prior to 12/31/2023 but did not clear the bank until after 01/01/2024.

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Saundra Tongate  
\_\_\_\_\_  
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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# 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) 00054563	<b>2</b> Total pages filed: 9
<b>3</b> COMMITTEE NAME Brown County Republican Women Club		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/12/2024	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1783  Brownwood, TX 76804-1783		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Saundra	
		NICKNAME	LAST SUFFIX
			Tongate
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7950 Hwy 183 North  Early, TX 76802		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7950 Hwy 183 North  Early, TX 76802		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7950 Hwy 183 North  Early, TX 76802		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7950 Hwy 183 North  Early, TX 76802		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(325)	647-5201	
<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15		
	<input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> 8th day before election		
	<input type="checkbox"/> Runoff		
		<input type="checkbox"/> Dissolution (Attach PAC-DR)	
		<input type="checkbox"/> 10th day after campaign treasurer termination	
<b>10</b> PERIOD COVERED	Month	Day	Year
	01	01	2024
THROUGH		Month	Day
		06	30
<b>11</b> ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
			<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Brown County Republican Women Club	<b>13 Filer ID</b> (Ethics Commission Filers) 00054563
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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>	\$ 1,090.00
	<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)	\$ 1,090.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 0.00
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.

Saundra Tongate  
\_\_\_\_\_  
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**  
4 of 9

<b>17 COMMITTEE NAME</b> Brown County Republican Women Club		<b>18 Filer ID</b> 00054563	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,090.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	1,406.75
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B:  
Sch: 1/1 Rpt: 5/9

**2** FILER NAME  
Brown County Republican Women Club

**3** Filer ID (Ethics Commission Filers)  
00054563

**4** TOTAL OF UNITEMIZED PLEDGES

**\$** 0.00

**5** Date

**6** Full name of pledgor  out-of-state PAC (ID#: \_\_\_\_\_)

**8** Amount of  
pledge (\$)

**9** In-kind description  
(If applicable)

**7** Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

**10** Principal occupation / Job title (See Instructions)

**11** Employer (See Instructions)

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/9
<b>2</b> FILER NAME Brown County Republican Women Club		<b>3</b> Filer ID (Ethics Commission Filers) 00054563
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/3 Rpt: 7/9		2 FILER NAME Brown County Republican Women Club		3 Filer ID (Ethics Commission Filers) 00054563	
4 Date 02/01/2024		5 Payee name Brownwood Country Club			
6 Amount (\$) 17.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 5875 Country Club Rd.  Brownwood, TX 76801			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) Speaker lunch	
Date 03/08/2024		Payee name Brownwood Country Club			
Amount (\$) 17.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 5875 Country Club Rd.  Brownwood, TX 76801			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) Speaker lunch	
Date 05/11/2024		Payee name Brownwood Country Club			
Amount (\$) 17.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 5875 Country Club Rd.  Brownwood, TX 76801			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) Speaker lunch	
Date 06/04/2024		Payee name Brownwood Country Club			
Amount (\$) 34.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 5875 Country Club Rd.  Brownwood, TX 76801			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense		(b) Description (See instructions regarding type of information required.) Speaker lunches	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/3 Rpt: 8/9	2 FILER NAME Brown County Republican Women Club	3 Filer ID (Ethics Commission Filers) 00054563
4 Date 04/08/2024	5 Payee name Crystal Images Inc.	
6 Amount (\$) 34.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1915 Peters Rd. Ste. 313 Irving , TX 75061	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Nametags
Date 01/01/2024	Payee name Crystal Images Inc.	
Amount (\$) 41.77 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1915 Peters Rd. Ste. 313 Irving , TX 75061	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Printing Expense	(b) Description (See instructions regarding type of information required.) Nametags
Date 01/09/2024	Payee name Krenek, Pat	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5465 CR 267  Early, TX 76802	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense	(b) Description (See instructions regarding type of information required.) Change for luncheon cash box.
Date 03/04/2024	Payee name TFRW- Tx. Fed. of Rep. Women	
Amount (\$) 175.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Hwy 183 Ste. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/3 Rpt: 9/9	2 FILER NAME Brown County Republican Women Club	3 Filer ID (Ethics Commission Filers) 00054563
4 Date 05/08/2024	5 Payee name TFRW- Tx. Fed. of Rep. Women	
6 Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 13740 N Hwy 183 Ste. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues
Date 05/30/2024	Payee name TFRW- Tx. Fed. of Rep. Women	
Amount (\$) 50.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Hwy 183 Ste. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues
Date 06/04/2024	Payee name TFRW- Tx. Fed. of Rep. Women	
Amount (\$) 125.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Hwy 183 Ste. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues
Date 01/01/2024	Payee name TFRW- Tx. Fed. of Rep. Women	
Amount (\$) 695.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Hwy 183 Ste. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues