#### 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** 09/03/2024 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 March 5 X September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME  | linan Waman  |   | 13 Filer ID                         | (Ethics Commission Filers)                       |
|---|--|---|-------------------------------------|--|
| Texas Strong Repub  | ilican women   |   | 00080382                            | <u>′</u>   |
| 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. Measures  | A. Supported  |                                     |  |
|   | (Describe by date and location of election and nature of issue.) |   |                                     |  |
|   |  | B. Opposed  |                                     |  |
|   | Officeholders     Assisted     (Identify by name or, if          |   |                                     |  |
|   | applicable, classify by party.)                                  |   |                                     |  |
| 5 CONTRIBUTION<br>TOTALS  | PLEDGES, LOANS, CONTRIBUTIONS N                                  | O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  qualifies for the higher itemization threshold | \$                                  | 0.00   |
|   | 2. TOTAL POLITICA  | L CONTRIBUTIONS   | \$                                  | 18,327.78  |
|   | (OTHER THAN PLE  | DGES, LOANS, OR GUARANTEES OF LOANS)  |                                     | 10,027.70  |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZE   | D POLITICAL EXPENDITURES  | \$                                  | 0.00   |
|   | 4. TOTAL POLITICA  | L EXPENDITURES  | \$                                  | 5,484.20   |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL OF THE REPORTIN                               | CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>G PERIOD  | T DAY \$                            | 38,123.68  |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF<br>REPORTING PERIOD   | THE \$                              | 0.00   |
| 6 AFFIDAVIT   |  |   |                                     |  |
|   |  | I swear, or affirm, under penalty of p<br>true and correct and includes all info<br>under Title 15, Election Code.                    | perjury, that the primation require | accompanying report is<br>d to be reported by me |
|   |  | <b>5</b>  | id o Tab                            |  |
|   |  |   | rick C. Tate<br>campaign Treas      | uror   |
|   |  | Signature of C  | ampaign rreas                       | urei   |
| AFFIX NOTA  | RY STAMP / SEAL ABOVE  |   |                                     |  |
| Sworn to and subscrib   | ped 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 off                        | icer administering oath                          |
| <b>3</b>  | •                          |   |                                     | 3  |

## **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

|              |        |   |              |                                       | 3 of 37      |
|--------------|--------|---|--------------|---------------------------------------|--------------|
| <b>17</b> CO | MMITTE | EE NAME   | 18 Filer ID  | (Ethics Commiss                       | sion Filers) |
| Tex          | as Str | ong Republican Women  | 00080382     |                                       | ,            |
|              |        | E SUBTOTALS   |              | T                                     |              |
| l            |        | SCHEDULE  |              | SUBTOTAL                              | L AMOUNT     |
|              |        |   |              |                                       |              |
| 1.           | X      | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |              | \$                                    | 11,640.34    |
|              |        |   |              | Ť                                     | ,            |
| ١ ,          | Γ.J.   | COLIED HE AS: MONIMONETARY (IN KIND) POLITICAL CONTRIBUTIONS              |              | _                                     | C CO7 44     |
| 2.           | X      | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |              | \$                                    | 6,687.44     |
|              |        |   |              |                                       |              |
| 3.           | Ш      | SCHEDULE B: PLEDGED CONTRIBUTIONS   |              | \$                                    |              |
| -            |        |   |              |                                       |              |
| 4.           | П      | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR           | \$                                    |              |
|              |        | ORGANIZATION  |              | , , , , , , , , , , , , , , , , , , , |              |
| -            | $\Box$ | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA            | ATION OR     |                                       |              |
| 5.           | Ш      | LABOR ORGANIZATION  |              | \$                                    |              |
|              |        |   |              |                                       |              |
| 6.           |        | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG               | ANIZATION    | \$                                    |              |
|              |        |   |              |                                       |              |
| 7.           | П      | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR               |              | \$                                    |              |
|              | Ш      | ORGANIZATION  |              | •                                     |              |
|              |        |   |              |                                       |              |
| 8.           | Ш      | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (             | DRGANIZATION | \$                                    |              |
|              |        |   |              |                                       |              |
| 9.           | П      | SCHEDULE E: LOANS   |              | \$                                    |              |
|              |        |   |              |                                       |              |
| 10.          | X      | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:          | 3            | \$                                    | 5,484.20     |
| 10.          |        | SCHEDGETT. TOETHCAL EXITENSITIONES TROWN SETTICAL CONTRIBUTION.           | 5            | <b>3</b>                              | 3,404.20     |
|              |        |   |              |                                       |              |
| 11.          | Ш      | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |              | \$                                    |              |
|              |        |   |              |                                       |              |
| 12.          | П      | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION          | ONS          | \$                                    |              |
|              |        |   |              | , , , , , , , , , , , , , , , , , , , |              |
| 10           |        | COLIED HE EA. EVDENDITHDEC MADE DV ODEDIT CADD                            |              | _                                     |              |
| 13.          | Ш      | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |              | \$                                    |              |
|              |        |   |              |                                       |              |
| 14.          |        | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS          | \$                                    |              |
|              |        |   |              |                                       |              |
| 15.          | П      | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS          | RETURNED     | \$                                    |              |
|              | ш      | TO FILER  |              |                                       |              |
|              |        |   |              |                                       |              |
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| ı            |        |   |              |                                       |              |

|   | MONET                          | ARY POLITICAL CONTRIBUTION   | ΝC       | IS                                       |                | SCHEDUL   | E <b>A1</b> |
|---|--------------------------------|--|----------|--|----------------|---|-------------|
|   | The Instru                     | ction Guide explains how to complete this  | for      | m.                                       | 1              | Total pages Schedule A1:<br>Sch: 1/10 Rpt: 4/37 |             |
| 2 | FILER NAME<br>Texas Strong     | g Republican Women   |          |  | 3              | Filer ID (Ethics Commission 00080382            | n Filers)   |
| 4 | Date 08/03/2024                | <ul> <li>Full name of contributor  out-of-state PAC (ID#: Bumgarner, Benjamin</li> <li>Contributor address; City; State; Zip Code</li> </ul> |          |  | 7              | Amount of Contribution (\$)                     | \$100.00    |
| 8 | Principal occu<br>Manufacturir | Flower Mound, TX 75022 pation / Job title (See Instructions)   | 9        | Employer (See Instructions Self          | <u> </u><br>5) |   |             |
|   | Date<br>08/03/2024             | Full name of contributor out-of-state PAC (ID#: Bumgarner, Caroline  Contributor address; City; State; Zip Code                              | :        | )  |                | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Psychologist | Flower Mound, TX 75022 pation / Job title (See Instructions)   |          | Employer (See Instructions Self Employed | <u> </u><br>s) |   |             |
|   | Date<br>08/03/2024             | Full name of contributor out-of-state PAC (ID#: Bumgarner, Caroline  Contributor address; City; State; Zip Code                              | <u> </u> | )  |                | Amount of Contribution (\$)                     | \$1.00      |
|   | •                              | Flower Mound, TX 75022 pation / Job title (See Instructions)   |          | Employer (See Instructions               | <br> -<br> s)  |   |             |
|   | Date 07/26/2024                | Full name of contributor out-of-state PAC (ID#:  |          | Self Employed                            |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Retired      | Denton, TX 76207<br>pation / Job title (See Instructions)  |          | Employer (See Instructions Retired       | <br> -<br> s)  |   |             |
|   | Date<br>08/03/2024             | Full name of contributor out-of-state PAC (ID#: DeLange, Clint  Contributor address; City; State; Zip Code  Denton, TX 76201                 |          |  |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Retired      | pation / Job title (See Instructions)  |          | Employer (See Instructions Retired       | 5)             |   |             |
|   |                                |  |          |  |                |   |             |

|   | MONET                        | ARY POLITICAL CO  | ONTRIBUTION                           | S  |   | SCHEDUL   | E <b>A1</b> |
|---|------------------------------|---|---------------------------------------|--|---|---|-------------|
|   | The Instru                   | ction Guide explains how to   | complete this forr                    | n.                                       | 1 | Total pages Schedule A1:<br>Sch: 2/10 Rpt: 5/37 |             |
| 2 | FILER NAME<br>Texas Strong   | g Republican Women  |                                       |  | 3 | Filer ID (Ethics Commission 00080382            | n Filers)   |
| 4 | Date 07/30/2024              | <ul><li>5 Full name of contributor</li><li>Draper, Eva</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:; Zip Code      | )  | 7 | Amount of Contribution (\$)                     | \$30.00     |
| _ | Deignaignal                  | Denton, TX 76207  | lo.                                   | Frankriger (Cook keepingstings           |   |   |             |
| 8 | Retired                      | pation / Job title (See Instructions)   | 9                                     | Employer (See Instructions Retired       | ) |   |             |
|   | Date<br>08/03/2024           | Full name of contributor  Draper, Eve  Contributor address; City; State                                     | out-of-state PAC (ID#:;<br>Zip Code   |  |   | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu               | Denton, TX 76207 pation / Job title (See Instructions)  |                                       | Employer (See Instructions               | ) |   |             |
|   | Retired                      | paderry cos dae (coe moducación)  |                                       | Retired                                  | , |   |             |
|   | Date 08/03/2024              | Full name of contributor  Draper, Eve  Contributor address; City; State                                     | out-of-state PAC (ID#:;<br>Zip Code   | )  |   | Amount of Contribution (\$)                     | \$10.00     |
|   |                              | Denton, TX 76207  |                                       |  |   |   |             |
|   | Principal occu<br>Retired    | pation / Job title (See Instructions)   |                                       | Employer (See Instructions Retired       | ) |   |             |
|   | Date<br>07/26/2024           | Full name of contributor Edmondson, Dianne Contributor address; City; State Denton, TX 76207                | out-of-state PAC (ID#:;<br>; Zip Code |  |   | Amount of Contribution (\$)                     | \$150.00    |
|   | Principal occu<br>County Com | pation / Job title (See Instructions)<br>missioner  |                                       | Employer (See Instructions Denton County | ) |   |             |
|   | Date<br>07/26/2024           | Full name of contributor Galbraith, James Contributor address; City; State Denton, TX 76207                 | out-of-state PAC (ID#:;               |  |   | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Retired    | pation / Job title (See Instructions)   |                                       | Employer (See Instructions Retired       | ) |   |             |
|   |                              |   | ,                                     |  |   |   |             |

|   | MONET                         | ARY POLITICAL CO  | NTRIBUTION                         | S  |   | SCHEDUL   | E <b>A1</b> |
|---|-------------------------------|---|------------------------------------|--|---|---|-------------|
|   | The Instruc                   | ction Guide explains how to   | complete this form                 | n.   | 1 | Total pages Schedule A1:<br>Sch: 3/10 Rpt: 6/37 |             |
| 2 | FILER NAME<br>Texas Strong    | g Republican Women  |                                    |  | 3 | Filer ID (Ethics Commission 00080382            | n Filers)   |
| 4 | Date 07/26/2024               | <ul><li>5 Full name of contributor Galbraith, Susan</li><li>6 Contributor address; City; State; 2</li></ul> |                                    | )  | 7 | Amount of Contribution (\$)                     | \$250.00    |
| 8 | Principal occu                | Denton, TX 76207 pation / Job title (See Instructions)  | ام                                 | Employer (See Instructions                     |   |   |             |
| 0 | Retired                       | pation / Job title (See Instructions)   |                                    | Retired  | ) |   |             |
|   | Date<br>08/03/2024            | Full name of contributor  | out-of-state PAC (ID#:             |  |   | Amount of Contribution (\$)                     | \$10.00     |
|   |                               | Denton, TX 76207  |                                    |  |   |   |             |
|   | Principal occu<br>Retired     | pation / Job title (See Instructions)   |                                    | Employer (See Instructions Retired             | ) |   |             |
|   | Date<br>08/03/2024            | Full name of contributor  | out-of-state PAC (ID#:             | )  |   | Amount of Contribution (\$)                     | \$100.00    |
|   |                               | Roanoke, TX 76262   |                                    |  |   |   |             |
|   | Principal occu<br>Business De | pation / Job title (See Instructions)<br>velopment  |                                    | Employer (See Instructions Pachreo Koch        | ) |   |             |
|   | Date<br>08/03/2024            | Full name of contributor  | out-of-state PAC (ID#:<br>Zip Code |  |   | Amount of Contribution (\$)                     | \$75.00     |
|   | Principal occu<br>Attorney    | pation / Job title (See Instructions)   |                                    | Employer (See Instructions<br>Handler Law Firm | ) |   |             |
|   | Date<br>08/03/2024            | Full name of contributor Grandler, Vince  Contributor address; City; State; 2  Aubrey, TX 76227             | out-of-state PAC (ID#:             | )  |   | Amount of Contribution (\$)                     | \$40.00     |
|   | Principal occu<br>Attorney    | pation / Job title (See Instructions)   |                                    | Employer (See Instructions Handler Law Firm    | ) |   |             |
|   |                               |   |                                    |  |   |   |             |

|   | MONET                            | ARY POLITICAL C   | ONTRIBUTION                            | S   |          | SCHEDUL   | E <b>A1</b> |
|---|----------------------------------|---|--|---|----------|---|-------------|
|   | The Instru                       | ction Guide explains how  | to complete this for                   | n.  | 1        | Total pages Schedule A1:<br>Sch: 4/10 Rpt: 7/37 |             |
| 2 | FILER NAME<br>Texas Strong       | g Republican Women  |  |   | 3        | Filer ID (Ethics Commission 00080382            | n Filers)   |
| 4 | Date 08/03/2024                  | <ul><li>5 Full name of contributor [Holmes, Christopher</li><li>6 Contributor address; City; Star</li></ul> | out-of-state PAC (ID#:<br>te; Zip Code | )   | 7        | Amount of Contribution (\$)                     | \$25.00     |
| 8 | Principal occu                   | Northlake, TX 76247 pation / Job title (See Instructions)   | l <sub>9</sub>                         | Employer (See Instructions                | <u> </u> |   |             |
|   | Contractor                       | patient, cos tias (cos monasticis)  |  | Apex Fencing                              | ,        |   |             |
|   | Date<br>07/26/2024               | Full name of contributor  Howell, Jayne  Contributor address; City; Sta                                     |  | )   |          | Amount of Contribution (\$)                     | \$329.34    |
|   |                                  | Denton, TX 76202  |  |   |          |   |             |
|   | Principal occu<br>Real Estate    | pation / Job title (See Instructions)<br>Broker   |  | Employer (See Instructions Self Employed  | i)       |   |             |
|   | Date<br>08/03/2024               | Full name of contributor [ Hudspeth, Gerard  Contributor address; City; Star                                | out-of-state PAC (ID#:te; Zip Code     |   |          | Amount of Contribution (\$)                     | \$150.00    |
|   |                                  | Denton, TX 76205  |  |   |          |   |             |
|   | Principal occu<br>Elected offici | pation / Job title (See Instructions) ial   |  | Employer (See Instructions Mayor          | 5)       |   |             |
|   | Date<br>07/31/2024               | Full name of contributor  JONES, DERBHA  Contributor address; City; Star  Denton, TX 76206                  | out-of-state PAC (ID#:<br>te; Zip Code |   |          | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>District Judg  | pation / Job title (See Instructions)   |  | Employer (See Instructions State of Texas | <u> </u> |   |             |
|   | Date<br>08/03/2024               | Full name of contributor  Jerke, William  Contributor address; City; Star  Denton, TX 76207                 | out-of-state PAC (ID#:                 | )   |          | Amount of Contribution (\$)                     | \$100.00    |
|   | Principal occu<br>Retired        | pation / Job title (See Instructions)   |  | Employer (See Instructions<br>Retired     | i)       |   |             |
|   |                                  |   |  |   |          |   |             |

|   | MONET                          | ARY POLITICAL CONTRIBUT   | ΓΙΟΝ   | IS  |                | SCHEDULI  | E <b>A1</b> |
|---|--------------------------------|---|--------|---|----------------|---|-------------|
|   | The Instruc                    | ction Guide explains how to complete th   | is for | m.  | 1              | Total pages Schedule A1:<br>Sch: 5/10 Rpt: 8/37 |             |
| 2 | FILER NAME<br>Texas Strong     | g Republican Women  |        |   | 3              | Filer ID (Ethics Commission 00080382            | n Filers)   |
| 4 | Date 08/03/2024                | <ul> <li>Full name of contributor</li></ul>   |        | )   | 7              | Amount of Contribution (\$)                     | \$25.00     |
| 8 | Principal occu<br>Self-Employe | Double Oak, TX 75077 pation / Job title (See Instructions) ed   | 9      | Employer (See Instructions<br>Self-Employed | <u> </u><br>;) |   |             |
|   | Date<br>08/03/2024             | Full name of contributor  ut-of-state PAC ( Kerestine, Julia  Contributor address; City; State; Zip Code                  |        | )   |                | Amount of Contribution (\$)                     | \$10.00     |
|   | Principal occu<br>Attorney     | Lantana, TX 76226 pation / Job title (See Instructions)   |        | Employer (See Instructions<br>Self-Employed | <u> </u><br>5) |   |             |
|   | Date<br>07/26/2024             | Full name of contributor  | ID#:   | )   |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Retired      | Denton, TX 76207<br>pation / Job title (See Instructions)   |        | Employer (See Instructions                  | <br>;)         |   |             |
|   | Date 07/26/2024                | Full name of contributor out-of-state PAC ( Langa, Patricia  Contributor address; City; State; Zip Code                   |        | )   |                | Amount of Contribution (\$)                     | \$50.00     |
|   | Principal occu<br>Retired      | Denton, TX 76207 pation / Job title (See Instructions)  |        | Employer (See Instructions Retired          | <br>i)         |   |             |
|   | Date<br>08/03/2024             | Full name of contributor out-of-state PAC ( Langa, Patricia  Contributor address; City; State; Zip Code  Denton, TX 76207 |        | )   |                | Amount of Contribution (\$)                     | \$25.00     |
|   | Principal occu<br>Retired      | pation / Job title (See Instructions)   |        | Employer (See Instructions Retired          | 5)             |   |             |
|   |                                |   |        |   |                |   |             |

|   | MONET                      | ARY POLITICAL CO  | ONTRIBUTION                           | S   |     | SCHEDUL   | E A1       |
|---|----------------------------|---|---------------------------------------|---|-----|---|------------|
|   | The Instruc                | ction Guide explains how to   | o complete this forn                  | n.  | 1   | Total pages Schedule A1:<br>Sch: 6/10 Rpt: 9/37 |            |
| 2 | FILER NAME<br>Texas Strong | g Republican Women  |                                       |   | 3   | Filer ID (Ethics Commission 00080382            | on Filers) |
| 4 | Date 08/03/2024            | <ul><li>5 Full name of contributor<br/>Leurig, Barbara</li><li>6 Contributor address; City; State</li></ul> | out-of-state PAC (ID#:;               | )   | 7   | Amount of Contribution (\$)                     | \$50.00    |
| _ |                            | Denton, TX 76207  | T-                                    |   |     |   |            |
| 8 | Principal occu<br>Retired  | pation / Job title (See Instructions)   |                                       | Employer (See Instructions<br>Barbara Leurig          | )   |   |            |
|   | Date<br>07/26/2024         | Full name of contributor  Lundy, Jennifer  Contributor address; City; State  Flower Mound, TX 75022         | out-of-state PAC (ID#:<br>e; Zip Code |   |     | Amount of Contribution (\$)                     | \$1,000.00 |
|   | Principal occu             | pation / Job title (See Instructions)   |                                       | Employer (See Instructions                            | )   |   |            |
|   | Field Directo              | r   |                                       | Ben Bumgarner Campai                                  | ign |   |            |
|   | Date<br>07/28/2024         | Full name of contributor  MORRIS, TONYA  Contributor address; City; State                                   | out-of-state PAC (ID#:<br>e; Zip Code | )   |     | Amount of Contribution (\$)                     | \$50.00    |
|   | Dringing                   | DENTON, TX 76205  |                                       | Franksian (Cook bathurations                          |     |   |            |
|   | District Direc             | pation / Job title (See Instructions)<br>tor  |                                       | Employer (See Instructions<br>State of Texas          | )   |   |            |
|   | Date<br>07/30/2024         | Full name of contributor  Machemehi, Molly  Contributor address; City; State  Flower Mound, TX 75028        |                                       |   |     | Amount of Contribution (\$)                     | \$50.00    |
|   | •                          | pation / Job title (See Instructions) School Psychologist - Specialist                                      |                                       | Employer (See Instructions School Districts           | )   |   |            |
|   | Date<br>08/03/2024         | Full name of contributor  Martin, Stacy  Contributor address; City; State  Highland Village, TX 75077       | out-of-state PAC (ID#:e; Zip Code     | )   |     | Amount of Contribution (\$)                     | \$50.00    |
|   | Principal occu<br>CFO      | pation / Job title (See Instructions)   |                                       | Employer (See Instructions<br>American Athletic Confe |     | nce   |            |
|   |                            |   | 1                                     |   |     |   |            |

|   | MONET                            | ARY POLITICAL CONTRIBUT   | ΓΙΟΝ   | IS   |                | SCHEDUL  | E <b>A1</b> |
|---|----------------------------------|---|--------|--|----------------|--|-------------|
|   | The Instru                       | ction Guide explains how to complete th   | is for | m.   | 1              | Total pages Schedule A1:<br>Sch: 7/10 Rpt: 10/37 |             |
| 2 | FILER NAME<br>Texas Strong       | g Republican Women  |        |  | 3              | Filer ID (Ethics Commission 00080382             | n Filers)   |
| 4 | Date 08/05/2024                  | <ul> <li>Full name of contributor</li></ul>   |        | )  | 7              | Amount of Contribution (\$)                      | \$2,480.00  |
| _ |                                  | Sanger, TX 76266  |        |  | _              |  |             |
| 8 | Principal occu<br>CFO            | pation / Job title (See Instructions)   | 9      | Employer (See Instructions Rock on Framing Inc   | 5)             |  |             |
|   | Date<br>08/03/2024               | Contributor address; City; State; Zip Code  |        | )  |                | Amount of Contribution (\$)                      | \$20.00     |
|   | Principal occu                   | Denton, TX 76207 pation / Job title (See Instructions)  |        | Employer (See Instructions                       | <u> </u><br>5) |  |             |
|   | Retired                          |   |        | Retired  |                |  |             |
|   | Date<br>08/03/2024               | Full name of contributor  | ID#:   | )  |                | Amount of Contribution (\$)                      | \$25.00     |
|   |                                  | Flower Mound, TX 75028  |        |  |                |  |             |
|   | Principal occu<br>District Direc | pation / Job title (See Instructions)<br>ctor   |        | Employer (See Instructions Texas House of Repres |                | atives   |             |
|   | Date<br>08/02/2024               | Contributor address; City; State; Zip Code  |        |  |                | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu<br>Administrato   | Sanger, TX 76266 pation / Job title (See Instructions) r  |        | Employer (See Instructions Denton County         | <u> </u><br>;) |  |             |
|   | Date<br>08/03/2024               | Full name of contributor out-of-state PAC (INTERPREDICTION OF CONTRIBUTION OF | ID#:   | )  |                | Amount of Contribution (\$)                      | \$10.00     |
|   | Principal occu<br>Healthcare A   | pation / Job title (See Instructions)<br>Nide   |        | Employer (See Instructions Self-Employed         | 5)             |  |             |
|   |                                  |   |        |  |                |  |             |

|   | MONET                      | ARY POLITICAL C  | ONTRIBUTION            | NS  |                | SCHEDUL  | E <b>A1</b> |
|---|----------------------------|--|------------------------|---|----------------|--|-------------|
|   | The Instruc                | ction Guide explains how   | to complete this for   | m.  | 1              | Total pages Schedule A1:<br>Sch: 8/10 Rpt: 11/37 |             |
| 2 | FILER NAME<br>Texas Strong | g Republican Women   |                        |   | 3              | Filer ID (Ethics Commission 00080382             | n Filers)   |
| 4 | Date 08/03/2024            | <ul><li>5 Full name of contributor<br/>Nelson, Sean</li><li>6 Contributor address; City; Sta</li></ul> | out-of-state PAC (ID#: |   | 7              | Amount of Contribution (\$)                      | \$105.00    |
| 8 | Principal occur            | Trophy Club, TX 76262 pation / Job title (See Instructions)  | او                     | Employer (See Instructions                | s)             |  |             |
| Ŭ | HR Consulta                |  |                        | Human Capital Partners                    |                | FW   |             |
|   | Date 08/03/2024            | Full name of contributor Olson, Jennifer Contributor address; City; Sta                                |                        |   |                | Amount of Contribution (\$)                      | \$50.00     |
|   |                            | Trophy Club, TX 76262  |                        |   |                |  |             |
|   | Principal occu<br>Sales    | pation / Job title (See Instructions)  | C.                     | Employer (See Instructions Self employed  | s)             |  |             |
|   | Date<br>07/26/2024         | Full name of contributor Patterson, Ann M Contributor address; City; Sta                               | out-of-state PAC (ID#: | )   |                | Amount of Contribution (\$)                      | \$50.00     |
|   |                            | Denton, TX 76207   |                        |   |                |  |             |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)  |                        | Employer (See Instructions Retired        | s)             |  |             |
|   | Date<br>08/03/2024         | Full name of contributor Ragsdale, Robert Contributor address; City; Sta                               |                        | )   | -              | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu<br>Rancher  | pation / Job title (See Instructions)  |                        | Employer (See Instructions Preamble Ranch | <u> </u><br>s) |  |             |
|   | Date<br>08/03/2024         | Full name of contributor Ragsdale, Robert Contributor address; City; Sta                               | out-of-state PAC (ID#: | )   |                | Amount of Contribution (\$)                      | \$50.00     |
|   | Principal occu<br>Rancher  | pation / Job title (See Instructions)  |                        | Employer (See Instructions Preamble Ranch | s)             |  |             |
|   |                            |  | l                      |   |                |  |             |

|   | MONET                      | ARY POLITICAL CO  | NTRIBUTION                         | S   |   | SCHEDUL  | E A1       |
|---|----------------------------|---|------------------------------------|---|---|--|------------|
|   | The Instru                 | ction Guide explains how to   | complete this forn                 | n.  | 1 | Total pages Schedule A1:<br>Sch: 9/10 Rpt: 12/37 |            |
| 2 | FILER NAME<br>Texas Strong | g Republican Women  |                                    |   | 3 | Filer ID (Ethics Commission 00080382             | on Filers) |
| 4 | Date 08/03/2024            | <ul><li>5 Full name of contributor Roszell, Frank</li><li>6 Contributor address; City; State;</li></ul> | out-of-state PAC (ID#:             |   | 7 | Amount of Contribution (\$)                      | \$5,000.00 |
|   |                            | Keller, TX 76248  | 1                                  |   |   |  |            |
| 8 | Principal occu<br>Broker   | pation / Job title (See Instructions)   |                                    | Employer (See Instructions Roszell Realty, Inc. | ) |  |            |
|   | Date<br>08/03/2024         | Full name of contributor Seeden, Curt  Contributor address; City; State;                                | out-of-state PAC (ID#:<br>Zip Code |   |   | Amount of Contribution (\$)                      | \$10.00    |
|   | Principal occu             | Argyle, TX 76226 pation / Job title (See Instructions)  |                                    | Employer (See Instructions                      |   |  |            |
|   | Owner                      | pation / 300 title (See Instituctions)  |                                    | Seeden Photography                              | , |  |            |
|   | Date<br>08/03/2024         | Full name of contributor Stimek, Mary  Contributor address; City; State;                                | out-of-state PAC (ID#:<br>Zip Code | )   |   | Amount of Contribution (\$)                      | \$110.00   |
|   |                            | Denton, TX 76207  |                                    |   |   |  |            |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)   |                                    | Employer (See Instructions Retired              | ) |  |            |
|   | Date<br>08/03/2024         | Full name of contributor Vess, Katherine Contributor address; City; State; Denton, TX 76207             | out-of-state PAC (ID#:             | )   |   | Amount of Contribution (\$)                      | \$25.00    |
|   | Principal occu<br>Retired  | pation / Job title (See Instructions)   |                                    | Employer (See Instructions Retired              | ) |  |            |
|   | Date 08/03/2024            | Full name of contributor  Westwood PAC  Contributor address; City; State;  Plano, TX 75093              | out-of-state PAC (ID#:             |   |   | Amount of Contribution (\$)                      | \$500.00   |
|   | Principal occu             | pation / Job title (See Instructions)   |                                    | Employer (See Instructions                      | ) |  |            |
|   |                            |   | ı                                  |   |   |  |            |

| M            | ONET                 | ARY POLITICAL CONTRIBUTION  | ONS                               | SCF   | HEDULE <b>A1</b>     |
|--------------|----------------------|---|-----------------------------------|---|----------------------|
| The          | e Instru             | ction Guide explains how to complete this   | form.                             | 1 Total pages Schedul<br>Sch: 10/10 Rpt: 13 |                      |
|              | ER NAME              | . D His Wasse   |                                   | 3 Filer ID (Ethics Co                       | mmission Filers)     |
| 4 Date       |                      | g Republican Women  5 Full name of contributor  out-of-state PAC (ID#: Wickert, Elizabeth  6 Contributor address; City; State; Zip Code |                                   | 7 Amount of Contributi                      | s10.00               |
| 8 Prin       | ıcipal occu          | Port Angeles, WA 98362 pation / Job title (See Instructions)  | 9 Employer (See Instruction       | ns)   |                      |
|              | ired                 | , ,   | Retired                           | ,   |                      |
| Date<br>08/0 | e<br>03/2024         | Full name of contributor out-of-state PAC (ID#: Wickert, Elizabeth Contributor address; City; State; Zip Code                           |                                   | Amount of Contribut                         | seption (\$) \$65.00 |
| Dein         | ainal agai           | Port Angeles, WA 98362  | Familiary (Con Instruction        |   |                      |
|              | icipai occu<br>iired | pation / Job title (See Instructions)   | Employer (See Instruction Retired | 115)  |                      |
|              |                      |   |                                   |   |                      |

| The Instruction Guide explains how to complete this form.  |   | 1 Total pa<br>Sch: 1/      |                 |                    |   |
|--|---|----------------------------|-----------------|--------------------|---|
| 2 FILER NAME   |   |                            |                 | •                  | s Commission Filers)                          |
|  | ng Republican Women                                       |                            | 000803          | 382                |   |
| 4 TOTAL OF   | UNITEMIZED IN-KIND POLITICAL CONTRIB                      | UTIONS                     | \$              |                    |   |
| 5 Date   | 6 Full name of contributor  ut-of-state PAC (ID#:         | )                          | 8 Amount        |                    | 9 In-kind contribution                        |
| 08/03/2024   | Edmondson, Dianne   |                            | contribu        |                    | description  PF Event - IN-KIND - USA         |
|  | 7 Contributor address; City; State; Zip Code              |                            |                 |                    | & Texas bling wine                            |
|  |   |                            |                 | İ                  | glasses                                       |
|  | Denton, TX 76207  |                            | Check           | k if travel o      | utside of Texas. Complete Schedule T.         |
| 10 Principal occu  | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON       |                 |                    | nstructions)                                  |
| County Com   | nmissioner  | Denton County              |                 |                    |   |
| 12 Contributor's   | principal occupation (FOR JUDICIAL)                       | 13 Contributor's job title | (FOR JUDIC      | CIAL)              | (See instructions)                            |
|  |   |                            |                 |                    |   |
| 14 Contributor's   | employer/law firm (FOR JUDICIAL)                          | 15 Law firm of contribute  | or's spouse (i  | if any) (I         | FOR JUDICIAL)                                 |
| 16 If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | l                          |                 |                    |   |
|  |   |                            |                 |                    |   |
| Date   | Full name of contributor out-of-state PAC (ID#:           | )                          | Amount          |                    | In-kind contribution                          |
| 08/03/2024   | Edmondson, Dianne   |                            | contribu        |                    | description PF Event - IN-KIND - 2            |
|  | Contributor address; City; State; Zip Code                |                            | 1               | _                  | Bottles of Federalist Wine                    |
|  |   |                            |                 |                    |   |
|  | Denton, TX 76207  |                            |                 | l<br>k if travol o | utside of Texas. Complete Schedule T.         |
|  |   | Employer (FOR NON          |                 |                    | nstructions)                                  |
| County Com   |   | Denton County              | ŕ               |                    |   |
| Contributor's  | principal occupation (FOR JUDICIAL)                       | Contributor's job title    | (FOR JUDIC      | CIAL)              | (See instructions)                            |
|  |   |                            |                 |                    |   |
| Contributor's  | employer/law firm (FOR JUDICIAL)                          | Law firm of contribute     | or's spouse (i  | if any) (I         | FOR JUDICIAL)                                 |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |                            |                 |                    |   |
|  | ,                   |                            |                 |                    |   |
| Date   | Full name of contributor  ut-of-state PAC (ID#:           | )                          | Amount contribu |                    | In-kind contribution                          |
| 08/03/2024   |   |                            |                 |                    | description PF Event - IN-KIND -              |
|  | Contributor address; City; State; Zip Code                |                            | . , -           | I                  | Congressman Pat Fallon -                      |
|  |   |                            |                 |                    | Will cook dinner for you and 7 guests in your |
|  | Celina, TX 75009  |                            | ☐ Chock         |                    | utside of Texas. Complete Schedule T.         |
| Principal occu   | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON          |                 |                    | nstructions)                                  |
| Congressman US Congress  |   | US Congress                |                 |                    |   |
| Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions) |   | (See instructions)         |                 |                    |   |
| Contributor's  | employer/law firm (FOR JUDICIAL)                          | Law firm of contributo     | or's spouse (i  | if any) (I         | FOR JUDICIAL)                                 |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | 1                          |                 |                    |   |
|  |   |                            |                 |                    |   |
|  |   |                            |                 |                    |   |

| The Instru   | ction Guide explains how to complete this f   | form.                                 | 1 Total pages Schedule A2:<br>Sch: 2/6 Rpt: 15/37                  |
|--|---|---------------------------------------|--|
| 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers) |  |
| Texas Stron  | g Republican Women  |                                       | 00080382   |
| 4 TOTAL OF   | UNITEMIZED IN-KIND POLITICAL CONTRIB  | UTIONS                                | \$   |
| 5 Date   | 6 Full name of contributor  ut-of-state PAC (ID#:   | )                                     | 8 Amount of 9 In-kind contribution contribution (\$) description   |
| 08/03/2024   |   |                                       | \$3,500.001PF Event - IN-KIND - US                                 |
|  | 7 Contributor address; City; State; Zip Code  |                                       | Rep. Pat Fallon, airfare to DC, hotel, and VIP experience          |
|  | Celina, TX 75009  |                                       | Check if travel outside of Texas. Complete Schedule T.             |
| 10 Principal occu  | upation / Job title (FOR NON-JUDICIAL) (See instructions)   | 11 Employer (FOR NON                  | -JUDICIAL) (See instructions)                                      |
| Congressma   |   | US Congress                           |  |
| 12 Contributor's   | principal occupation (FOR JUDICIAL)   | 13 Contributor's job title            | (FOR JUDICIAL) (See instructions)                                  |
| 14 Contributor's   | employer/law firm (FOR JUDICIAL)  | 15 Law firm of contributo             | or's spouse (if any) (FOR JUDICIAL)                                |
| 16 If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   | I                                     |  |
|  |   |                                       |  |
| Date   | Full name of contributor  out-of-state PAC (ID#:  | )                                     | Amount of In-kind contribution                                     |
| 08/03/2024   | Hillyer, Jean   |                                       | contribution (\$) description                                      |
|  | Contributor address; City; State; Zip Code  |                                       | \$20.00 I PF Event - IN-KIND - 2<br>Bottles of Federalist Wine     |
|  | ζ,  |                                       | Bottles of Federalist Wife   |
|  |   |                                       | į  |
|  | Double Oak, TX 75077  |                                       | Check if travel outside of Texas. Complete Schedule T.             |
| Principal occu   | upation / Job title (FOR NON-JUDICIAL) (See instructions)   | Employer (FOR NON                     | -JUDICIAL) (See instructions)                                      |
| Retired  |   | Retired                               |  |
| Contributor's  | principal occupation (FOR JUDICIAL)   | Contributor's job title               | (FOR JUDICIAL) (See instructions)                                  |
| Contributor's  | employer/law firm (FOR JUDICIAL)  | Law firm of contribute                | or's spouse (if any) (FOR JUDICIAL)                                |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |                                       |  |
| Date   | Full name of contributor  |                                       | Amount of In-kind contribution                                     |
| 08/03/2024   | Full name of contributor out-of-state PAC (ID#:<br>O'Neill, Angela  | )                                     | contribution (\$) description                                      |
| 00/03/2024   | Contributor address; City; State; Zip Code  |                                       | \$40.00 PF Event - IN-KIND - 2<br>Antoni Barcelona Wine<br>Glasses |
|  | Flower Mound, TX 75022  |                                       | Check if travel outside of Texas. Complete Schedule T.             |
|  | Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions) |                                       |  |
| Substitute Teacher Self Employed   |   |                                       |  |
| Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions) |   | (FOR JUDICIAL) (See instructions)     |  |
| Contributor's  | employer/law firm (FOR JUDICIAL)  | Law firm of contribute                | or's spouse (if any) (FOR JUDICIAL)                                |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   | 1                                     |  |
|  |   |                                       |  |
|  |   |                                       |  |

| The Instruction Guide explains how to complete this form.  |  | orm.                           | 1 Total pages Schedule A2:<br>Sch: 3/6 Rpt: 16/37               |
|--|--|--------------------------------|---|
| 2 FILER NAME   | 2 FILER NAME   |                                | 3 Filer ID (Ethics Commission Filers)                           |
| Texas Stron  | g Republican Women   |                                | 00080382  |
| 4 TOTAL OF   | UNITEMIZED IN-KIND POLITICAL CONTRIB                       | UTIONS                         | \$  |
| <b>5</b> Date  | 6 Full name of contributor out-of-state PAC (ID#:          | )                              | 8 Amount of 9 In-kind contribution                              |
| 08/03/2024   | O'Neill, Angela  |                                | contribution (\$) description \$100.00   PF Event - IN-KIND - 2 |
|  | 7 Contributor address; City; State; Zip Code               |                                | Morris Salerno  |
|  |  |                                | autographed cookbooks   |
|  |  |                                | _   |
|  | Flower Mound, TX 75022                                     | 1                              | Check if travel outside of Texas. Complete Schedule T.          |
|  | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | 11 Employer (FOR NON           | I-JUDICIAL) (See instructions)                                  |
| Substitute T   |  | Self Employed                  |   |
| <b>12</b> Contributor's  | principal occupation (FOR JUDICIAL)                        | 13 Contributor's job title     | (FOR JUDICIAL) (See instructions)                               |
|  |  |                                |   |
| <b>14</b> Contributor's  | employer/law firm (FOR JUDICIAL)                           | 15 Law firm of contribute      | or's spouse (if any) (FOR JUDICIAL)                             |
|  |  |                                |   |
| <b>16</b> If contributor i   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |                                |   |
|  |  |                                |   |
| Date   | Full name of contributor uut-of-state PAC (ID#:            | )                              | Amount of In-kind contribution                                  |
| 08/03/2024   | O'Neill, Angela  |                                | contribution (\$) description \$50.00 I PF Event - IN-KIND -    |
|  | Contributor address; City; State; Zip Code                 |                                | Texas charcuterie board   |
|  |  |                                | and cheese knives   |
|  | Floring TV 75000   |                                | _   |
| Flower Mound, TX 75022   |  | T                              | Check if travel outside of Texas. Complete Schedule T.          |
|  | upation / Job title (FOR NON-JUDICIAL) (See instructions)  | Employer (FOR NON              | I-JUDICIAL) (See instructions)                                  |
| Substitute T   |  | Self Employed                  | (500 ND101A1) (0interview)                                      |
| Contributor's  | principal occupation (FOR JUDICIAL)                        | Contributor's job title        | (FOR JUDICIAL) (See instructions)                               |
| O a saturita e et a sul a  | and a sellen from (EOD JUDICIAL)                           | Laure finance of a contribute  | and a server (if any ) (EOD JUDIOIAL)                           |
| Contributor's  | employer/law firm (FOR JUDICIAL)                           | Law firm of contribute         | or's spouse (if any) (FOR JUDICIAL)                             |
| If a sustaile of a suit  | in a child law from at managed a) (it area) (FOD HIDIOIAL) |                                |   |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)  |                                |   |
|  |  |                                |   |
| Date   | Full name of contributor out-of-state PAC (ID#:            | )                              | Amount of In-kind contribution contribution (\$) description    |
| 08/03/2024   | O'Neill, Angela  |                                | \$27.00 PF Event - IN-KIND -                                    |
|  | Contributor address; City; State; Zip Code                 |                                | Bottle of Cabernet  |
|  |  |                                | Sauvignon   |
|  | Flower Mound TV 75000                                      |                                | _   |
| Dain sin al a sa   | Flower Mound, TX 75022                                     |                                | Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Employer (FOR NON-JUDICIAL) (See instructions) |  |                                | -JUDICIAL) (See instructions)                                   |
| Substitute Teacher Self Employed   |  | (EQD NIDIONAL) (Quidate vices) |   |
| Contributor's  | principal occupation (FOR JUDICIAL)                        | Contributor's job title        | (FOR JUDICIAL) (See instructions)                               |
| Operational and analysis from (EOD MIDIOIAL)   |  |                                |   |
| Contributor's  | employer/law firm (FOR JUDICIAL)                           | Law IIIII of contribute        | or's spouse (if any) (FOR JUDICIAL)                             |
| 16   | in a shill low firm of a result. (for a Viscous)           |                                |   |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |  |                                |   |
|  |  |                                |   |
| I  |  |                                |   |

| The Instruction Guide explains how to complete this form.                       |   | 1 Total pages Sch: 4/6 Rpt:                               |                                     |   |
|---|---|---|-------------------------------------|---|
| 2 FILER NAME<br>Texas Stron   | g Republican Women  |   | 3 Filer ID (Ethic 00080382          | es Commission Filers)   |
| 4 TOTAL OF  | UNITEMIZED IN-KIND POLITICAL CONTRIB  | UTIONS  | \$                                  |   |
| 5 Date 08/03/2024   | <ul> <li>6 Full name of contributor  out-of-state PAC (ID#:</li></ul>                                   |   | contribution (\$)<br>\$20.00        | PF Event - IN-KIND - 2<br>Bottles of Federalist Wine  |
| 10 Principal occu   | upation / Job title (FOR NON-JUDICIAL) (See instructions)   | 11 Employer (FOR NON                                      |                                     | outside of Texas. Complete Schedule T.  |
| Consultant  |   | Business Owner  | -JODICIAL) (See II                  | isu dedons)   |
| <b>12</b> Contributor's   | principal occupation (FOR JUDICIAL)   | 13 Contributor's job title                                | (FOR JUDICIAL)                      | (See instructions)  |
| 14 Contributor's  | employer/law firm (FOR JUDICIAL)  | 15 Law firm of contributo                                 | or's spouse (if any) (              | FOR JUDICIAL)   |
| <b>16</b> If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |                                     |   |
| Date<br>08/03/2024  | Full name of contributor out-of-state PAC (ID#: Stimek, Mary Contributor address; City; State; Zip Code | )   |                                     | In-kind contribution description IPF Event - IN-KIND - 4 Keep America Great stemless wine glasses |
|   | Denton, TX 76207  |   | Check if travel of                  | I<br>I<br>outside of Texas. Complete Schedule T.  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)  Retired |   | Employer (FOR NON Retired                                 | -JUDICIAL) (See ii                  | nstructions)  |
| Contributor's principal occupation (FOR JUDICIAL)  Contrib                      |   | Contributor's job title                                   | (FOR JUDICIAL)                      | (See instructions)  |
| Contributor's   | employer/law firm (FOR JUDICIAL)  | Law firm of contributo                                    | or's spouse (if any) (              | FOR JUDICIAL)   |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |                                     |   |
| Date<br>08/03/2024  | Full name of contributor out-of-state PAC (ID#: Stimek, Mary Contributor address; City; State; Zip Code | )   | Amount of contribution (\$) \$20.00 | In-kind contribution<br>description<br>I PF Event - IN-KIND - 2<br>Bottles of Federalist Wine     |
|   | Denton, TX 76207  |   |                                     | outside of Texas. Complete Schedule T.  |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired  |   | Employer (FOR NON Retired                                 | -JUDICIAL) (See ii                  | nstructions)  |
| Contributor's principal occupation (FOR JUDICIAL)                               |   | Contributor's job title (FOR JUDICIAL) (See instructions) |                                     | (See instructions)  |
| Contributor's   | employer/law firm (FOR JUDICIAL)  | Law firm of contributo                                    | or's spouse (if any) (              | FOR JUDICIAL)   |
| If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)   |   |                                     |   |
|   |   |   |                                     |   |

| The Instru   | ction Guide explains how to complete this f                         | orm.                                  | 1 Total pages Schedule A2:<br>Sch: 5/6 Rpt: 18/37  |
|--|---|---------------------------------------|--|
| 2 FILER NAME   |   | 3 Filer ID (Ethics Commission Filers) |  |
|  | g Republican Women  |                                       | 00080382   |
| 4 TOTAL OF   | UNITEMIZED IN-KIND POLITICAL CONTRIB                                | UTIONS                                | \$   |
| 5 Date<br>08/05/2024   | <ul> <li>Full name of contributor  out-of-state PAC (ID#:</li></ul> | )                                     | 8 Amount of 9 In-kind contribution contribution (\$) description \$84.44   Campaign Bookkeeping Services & Support |
|  | Hurst, TX 76054   |                                       | Check if travel outside of Texas. Complete Schedule T.   |
| 10 Principal occu  | upation / Job title (FOR NON-JUDICIAL) (See instructions)           | 11 Employer (FOR NON                  | -JUDICIAL) (See instructions)  |
| Managing D   |   | CFO Shield, LLC                       |  |
| <b>12</b> Contributor's  | principal occupation (FOR JUDICIAL)                                 | 13 Contributor's job title            | (FOR JUDICIAL) (See instructions)  |
| 14 Contributor's   | employer/law firm (FOR JUDICIAL)                                    | 15 Law firm of contributo             | or's spouse (if any) (FOR JUDICIAL)  |
| 16 If contributor  | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           | I                                     |  |
| Date   | Full name of contributor out-of-state PAC (ID#:                     |                                       | Amount of In-kind contribution   |
| 08/03/2024   | Tate, Jill  |                                       | contribution (\$) description  |
| 00,00,202  | Contributor address; City; State; Zip Code                          |                                       | \$75.00 PF Event - IN-KIND -<br>Texas Gun Experience<br>Gift Card  |
|  | Colleyville, TX 76034   |                                       | Check if travel outside of Texas. Complete Schedule T.   |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)                                       |   | Employer (FOR NON                     | -JUDICIAL) (See instructions)  |
| Homemakei  |   | Self-employed                         |  |
| Contributor's  | principal occupation (FOR JUDICIAL)                                 | Contributor's job title               | (FOR JUDICIAL) (See instructions)  |
| Contributor's  | employer/law firm (FOR JUDICIAL)                                    | Law firm of contributo                | or's spouse (if any) (FOR JUDICIAL)  |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           |                                       |  |
| Date<br>08/03/2024   | Full name of contributor out-of-state PAC (ID#: Tate, Jill          |                                       | Amount of In-kind contribution contribution (\$) description \$100.00 IPF Event - IN-KIND - RNC                    |
|  | Contributor address; City; State; Zip Code                          |                                       | Trump Hat, campaign<br>buttons, bumper stickers,<br>receipt  |
|  | Colleyville, TX 76034   | T =                                   | Check if travel outside of Texas. Complete Schedule T.   |
| · ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  |   | Employer (FOR NON Self-employed       | -JUDICIAL) (See instructions)  |
| Contributor's principal occupation (FOR JUDICIAL)  Contributor's job title (FOR JUDICIAL) (See instructions) |   | (FOR JUDICIAL) (See instructions)     |  |
| Contributor's  | employer/law firm (FOR JUDICIAL)                                    | Law firm of contributo                | or's spouse (if any) (FOR JUDICIAL)  |
| If contributor   | is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           | 1                                     |  |
|  |   |                                       |  |

## NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 6/6 Rpt: 19/37 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Strong Republican Women 00080382 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 08/03/2024 Wiginton, Laurie \$25.00 PF Event - IN-KIND -7 Contributor address; City; State; Zip Code Used Cookbooks Denton, TX 76207 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) Retired Retired 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)

#### SCHEDULE F1

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment          |  |   |
|---|--|---|
| 1 Total pages Schedule F1:                                      | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | _ |
| Sch: 1/18 Rpt: 20/37  | Texas Strong Republican Women 00080382   |   |
| 4 Date  | 5 Payee name   |   |
| 08/03/2024  | Amazon.com, Inc  |   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
| \$25.97   | PO Box 81226   |   |
|   |  |   |
| Expenditure from corporate funds                                | Seattle, WA 98108  |   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   | Check if Austin, TX, officeholder living expense Pots for Pat Fallon Event Centerpieces  |   |
|   | Pols for Pat Pation Event Centerpieces   |   |
|   |  |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held  |   |
|   |  |   |
| Date  | Payee name   |   |
| 08/03/2024  | Amazon.com, Inc  |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$6.48  | PO Box 81226   |   |
| , , ,   |  |   |
| Expenditure from  | Soottle MA 00100   |   |
| corporate funds   | Seattle, WA 98108  |   |
| PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                   |   |
|   | Ribbon for Decorations for Pat Fallon Event  |   |
|   | Tribbott of Decorations for Fact allott Event  |   |
| Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  |   |
| expenditure to benefit C/OI                                     |  |   |
|   |  |   |
| Date  | Payee name   |   |
| 08/03/2024  | Amazon.com, Inc  |   |
| Amount (\$)   | Payee address; City; State; Zip Code   |   |
| \$8.66  | PO Box 81226   |   |
|   |  |   |
| Expenditure from corporate funds                                | Seattle, WA 98108  |   |
| 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   | Check if Austin, TX, officeholder living expense   |   |
|   | Apron for Live Auction for Pat Fallon Event  |   |
|   |  |   |
| Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held  | _ |
| expenditure to benefit C/O                                      |  |   |
|   |  | _ |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

Solicitation/Fundraising Expense

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|--|--|
| orealt out a trayment  | The Instruction Guide explains how to complete this form.  |
| 1 Total pages Schedule F1:<br>Sch: 2/18 Rpt: 21/37   | 2 FILER NAME Texas Strong Republican Women 3 Filer ID (Ethics Commission Filers) 00080382        |
| 4 Date   | 5 Payee name   |
| 07/26/2024   | Anedot Inc.  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$2.30   | 1340 Poydras Street, Suite 1770  |
| Expenditure from corporate funds   | New Orleans, LA 70112  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                                      |
|  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee                  |
|  | Offiline Doriation Processing Fee  |
|  |  |
| Complete ONLY if direct<br>expenditure to benefit C/OF   | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 07/26/2024   | Anedot Inc.  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$40.30  | 1340 Poydras Street, Suite 1770  |
| <b>\$10.00</b>   | 10 10 1 Oydi do Gilosi, Gaille 1710  |
| Expenditure from corporate funds   | New Orleans, LA 70112  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                                      |
|  | Check if Austin, TX, officeholder living expense   |
|  | Online Donation Processing Fee   |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/Oh  | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 07/26/2024   | Anedot Inc.  |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$2.30   | 1340 Poydras Street, Suite 1770  |
| Ψ2.30  | 10-10 1 Gyardo Otroct, Odito 1770  |
| Expenditure from corporate funds   | New Orleans, LA 70112  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description                 |
| OF<br>EXPENDITURE  | Fees Check if travel outside of Texas. Complete Schedule T.                                      |
|  | Check if Austin, TX, officeholder living expense   |
|  | Online Donation Processing Fee   |
|  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name Office sought Office held  |
|  |  |
|  |  |
|  |  |

#### SCHEDULE F1

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

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

1

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 Fayment      | The Instruction Guide explains how to complete this form. |   |          |                            |
|--------------------------|---|---|----------|----------------------------|
| Total pages Schedule F1: | 2 FILER NAME  | 3 | Filer ID | (Ethics Commission Filers) |
| Sch: 3/18 Rpt: 22/37     | Texas Strong Republican Women                             |   | 00080382 |                            |
| Data                     | le _  |   |          |                            |

| Och: 0/10 1 pt. 22/07  | Texas offerig republican weithen                                 |                 | 00000002                               |  |
|--|--|-----------------|--|--|
| <b>4</b> Date 07/26/2024                                     | 5 Payee name<br>Anedot Inc.                                      |                 |  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Co                             | .do             |  |  |
|  | 1  | ue              |  |  |
| \$2.30   | 1340 Poydras Street, Suite 1770                                  |                 |  |  |
| Expenditure from corporate funds                             | New Orleans, LA 70112  |                 |  |  |
| 8 PURPOSE  | (6) Oataway  | (b) December    |  |  |
| OF   | (a) Category (See Categories listed at the top of this schedule) | (b) Description | outside of Texas. Complete Schedule T. |  |
| EXPENDITURE  | Fees   |                 | , TX, officeholder living expense      |  |
|  |  |                 | ion Processing Fee                     |  |
|  |  | Offinite Dorial | ion i rocessing i ee                   |  |
|  |  |                 |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sou<br>H                      | ght             | Office held                            |  |
|  |  |                 |  |  |
| Date   | Payee name   |                 |  |  |
| 07/28/2024   | Anedot Inc.  |                 |  |  |
| Amount (\$)  | Payee address; City; State; Zip Co                               | de              |  |  |
| \$2.30   | 1340 Poydras Street, Suite 1770                                  |                 |  |  |
| Ψ2.00  | 1040 F Oyunus Street, Suite 1770                                 |                 |  |  |
| Expenditure from   |  |                 |  |  |
| corporate funds  | New Orleans, LA 70112  |                 |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description |  |  |
| OF   | Fees   |                 | outside of Texas. Complete Schedule T. |  |
| EXPENDITURE  | . 333  | Check if Austin | , TX, officeholder living expense      |  |
|  |  | Online Donat    | ion Processing Fee                     |  |
|  |  |                 |  |  |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sou                           | aht             | Office held                            |  |
| expenditure to benefit C/O                                   |  | 9               |  |  |
|  |  |                 |  |  |
| Date   | Payee name   |                 |  |  |
| 07/30/2024   | Anedot Inc.  |                 |  |  |
| Amount (\$)  | Payee address; City; State; Zip Co                               | de              |  |  |
| \$1.50   | 1340 Poydras Street, Suite 1770                                  |                 |  |  |
| Ψ1.00  | 1040 F Oyunus Street, Suite 1770                                 |                 |  |  |
| Expenditure from   |  |                 |  |  |
| corporate funds  | New Orleans, LA 70112  |                 |  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description |  |  |
| OF   | Fees   | -               | outside of Texas. Complete Schedule T. |  |
| EXPENDITURE  |  | Check if Austin | , TX, officeholder living expense      |  |
|  |  | Online Donat    | ion Processing Fee                     |  |
|  |  |                 |  |  |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sou                           | aht             | Office held                            |  |
| expenditure to benefit C/O                                   |  | giit            | Office field                           |  |
|  |  |                 |  |  |
|  |  |                 |  |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/18 Rpt: 23/37 Texas Strong Republican Women 00080382 4 Date Payee name 07/30/2024 Anedot Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$2.30 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/31/2024 Anedot Inc. Amount (\$) Payee address; City; State; Zip Code \$4.30 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/02/2024 Anedot Inc. Amount (\$) Payee address: City: State; Zip Code \$2.30 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment        |   |   |
|---|---|---|
| 1 Total pages Schedule F1:                                    | 2 FILER NAME 3 Filer ID (Ethics Commission Filers   | ) |
| Sch: 5/18 Rpt: 24/37  | Texas Strong Republican Women 00080382  |   |
| 4 Date  | 5 Payee name  |   |
| 08/03/2024  | Anedot Inc.   |   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |
| \$200.30  | 1340 Poydras Street, Suite 1770   |   |
| - "   |   |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |   |
| 8 PURPOSE<br>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  |   |
|   | Offinite Dollation 1 100033ing 1 cc   |   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |   |
| expenditure to benefit C/OI                                   |   |   |
| Date  | Payee name  |   |
| 08/03/2024  | Anedot Inc.   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| \$0.70  | 1340 Poydras Street, Suite 1770   |   |
| Ψ0.1.0  | 10 to 10 yards officer, cuite 11 to   |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |   |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   | Check if Austin, TX, officeholder living expense  |   |
|   | Online Donation Processing Fee  |   |
| Complete ONLY if direct                                       | Candidate/Officeholder name Office sought Office held   |   |
| expenditure to benefit C/OI                                   |   |   |
| Date  | Payee name  |   |
| 08/03/2024  | Anedot Inc.   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| \$4.70  | 1340 Poydras Street, Suite 1770   |   |
| Ψ4.70   | 10-10 1 Oyulda Olifoti, Julio 1770  |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |   |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
| LAFLINDITURE  | Check if Austin, TX, officeholder living expense  |   |
|   | Online Donation Processing Fee  |   |
| 0 1. 6  |   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held<br>H  |   |
| 2   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

#### 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 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 compl                          | ete this form.  |
|----------------------------------|--|---|
| 1 Total pages Schedule F1:       | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
| Sch: 6/18 Rpt: 25/37             | Texas Strong Republican Women  | 00080382  |
| 4 Date                           | 5 Payee name   | ·   |
| 08/03/2024                       | Anedot Inc.  |   |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Code                               |   |
| \$4.50                           | 1340 Poydras Street, Suite 1770                                      |   |
| - Funanditura from               |  |   |
| Expenditure from corporate funds | New Orleans, LA 70112  |   |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) (b) | Description   |
| OF<br>EXPENDITURE                | Fees   | Check if travel outside of Texas. Complete Schedule T.                          |
|                                  |  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
|                                  |  | Offiline Donation Processing Fee  |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sought                            | Office held   |
| expenditure to benefit C/OI      |  | Cince Hold  |
| Date                             | Payee name   |   |
| 08/03/2024                       | Anedot Inc.  |   |
| Amount (\$)                      | Payee address; City; State; Zip Code                                 |   |
| \$4.30                           | 1340 Poydras Street, Suite 1770                                      |   |
| φ4.30                            | 1340 Foyuras Street, Suite 1770                                      |   |
| Expenditure from corporate funds | New Orleans, LA 70112  |   |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b) | Description   |
| OF<br>EXPENDITURE                | Fees   | Check if travel outside of Texas. Complete Schedule T.                          |
|                                  |  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
|                                  |  | Offinite Boliculott Floodsoning Fee   |
| Complete ONLY if direct          | Candidate/Officeholder name Office sought                            | Office held   |
| expenditure to benefit C/OI      |  |   |
| Date                             | Payee name   |   |
| 08/03/2024                       | Anedot Inc.  |   |
| Amount (\$)                      | Payee address; City; State; Zip Code                                 |   |
| \$6.30                           | 1340 Poydras Street, Suite 1770                                      |   |
|                                  |  |   |
| Expenditure from corporate funds | New Orleans, LA 70112  |   |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b) | Description   |
| OF<br>EXPENDITURE                | Fees   | Check if travel outside of Texas. Complete Schedule T.                          |
|                                  |  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
|                                  |  | Offinite Doriation 1 rocessing 1 ce   |
| Complete ONLY if direct          | Candidate/Officeholder name Office sought                            | Office held   |
| expenditure to benefit C/OI      | 9  | Office field  |
|                                  |  |   |
|                                  |  |   |
|                                  |  |   |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

| Candidate/Officeholder/Politica<br>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: 7/18 Rpt: 26/37  | Texas Strong Republican Women 00080382  |
| 4 Date  | 5 Payee name  |
| 08/03/2024  | Anedot Inc.   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$1.30  | 1340 Poydras Street, Suite 1770   |
|   |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |
| 8 PURPOSE<br>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 Bondaon Processing Fee  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                                   |   |
| Data  |   |
| Date  | Payee name  |
| 08/03/2024  | Anedot Inc.   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$2.30  | 1340 Poydras Street, Suite 1770   |
|   |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |
| _/  | Check if Austin, TX, officeholder living expense  |
|   | Online Donation Processing Fee  |
| 2 1 2 2 1 1 2 1   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |   |
| Date  | Payee name  |
| 08/03/2024  | Anedot Inc.   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$1.30  | 1340 Poydras Street, Suite 1770   |
|   |   |
| Expenditure from corporate funds                              | New Orleans, LA 70112   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE   | Check if Austin, TX, officeholder living expense  |
|   | Online Donation Processing Fee  |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experiorare to benefit C/OI                                   |   |
|   |   |
|   |   |
|   |   |

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| Contributions/ Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment | al 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:  |   |   |
| Sch: 8/18 Rpt: 27/37  | Texas Strong Republican Women 00080382  |   |
| 4 Date  | 5 Payee name  |   |
| 08/03/2024  | Anedot Inc.   |   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |   |
| \$1.30  | 1340 Poydras Street, Suite 1770   |   |
|   |   |   |
| Expenditure from corporate funds  | New Orleans, LA 70112   |   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                    |   |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
| LAI LINDITORE   | Check if Austin, TX, officeholder living expense  |   |
|   | Online Donation Processing Fee  |   |
|   |   |   |
| 9 Complete ONLY if direct   | Candidate/Officeholder name Office sought Office held   |   |
| expenditure to benefit C/O  | H   |   |
| Date  | Payee name  |   |
| 08/03/2024  | Anedot Inc.   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| \$1.90  | 1340 Poydras Street, Suite 1770   |   |
|   |   |   |
| Expenditure from corporate funds  | New Orleans, LA 70112   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                    |   |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
|   | Check if Austin, TX, officeholder living expense  |   |
|   | Online Donation Processing Fee  |   |
|   |   |   |
| Complete ONLY if direct expenditure to benefit C/O  | Candidate/Officeholder name Office sought Office held H   |   |
| Date  | Payee name  | _ |
| 08/03/2024  | Anedot Inc.   |   |
|   |   |   |
| Amount (\$)   | Payee address; City; State; Zip Code  |   |
| \$1.30  | 1340 Poydras Street, Suite 1770   |   |
| Evpanditure from  |   |   |
| Expenditure from corporate funds  | New Orleans, LA 70112   |   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description                    |   |
| OF<br>EXPENDITURE   | Fees Check if travel outside of Texas. Complete Schedule T.   |   |
| EXPENDITURE   | Check if Austin, TX, officeholder living expense  |   |
|   | Online Donation Processing Fee  |   |
|   |   |   |
| 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 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                         | mplete this form.  |
|--|--|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 9/18 Rpt: 28/37                                   | Texas Strong Republican Women                                    | 00080382   |
| 4 Date   | 5 Payee name   | •  |
| 08/03/2024   | Anedot Inc.  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Co                             | de   |
| \$0.34   | 1340 Poydras Street, Suite 1770                                  |  |
| — Foresedit ve from                                    |  |  |
| Expenditure from corporate funds                       | New Orleans, LA 70112  |  |
| 8 PURPOSE<br>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   |
|  |  | Ç  |
| Complete ONLY if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sou                           | ght Office held  |
| expenditure to benefit C/Or                            | <b>-</b>   |  |
| Date   | Payee name   |  |
| 08/03/2024   | Anedot Inc.  |  |
| Amount (\$)  | Payee address; City; State; Zip Co                               | de   |
| \$1.30   | 1340 Poydras Street, Suite 1770                                  |  |
| Funanditura from                                       |  |  |
| Expenditure from corporate funds                       | New Orleans, LA 70112  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  |
| OF<br>EXPENDITURE                                      | Fees   | Check if travel outside of Texas. Complete Schedule T.   |
| _/   |  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee                          |
|  |  | Offiline Donation Processing Fee   |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sou                           | ght Office held  |
| expenditure to benefit C/O                             |  | giil Office field  |
| Data   |  |  |
| Date<br>08/03/2024                                     | Payee name Anedot Inc.   |  |
|  |  | ala.   |
| Amount (\$)<br>\$3.30                                  | Payee address; City; State; Zip Co                               | de   |
| Φ3.30  | 1340 Poyuras Street, Suite 1770                                  |  |
| Expenditure from                                       | Navy Orlanda I A 70110   |  |
| corporate funds  | New Orleans, LA 70112  |  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) | (b) Description  Check if traval outside of Taxos, Complete Schedule T                                   |
| EXPENDITURE  | Fees   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  |  | Online Donation Processing Fee   |
|  |  | _  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sou                           | ght Office held  |
| expenditure to benefit C/O                             | 4  |  |
|  |  |  |
|  |  |  |

#### 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

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

| Candidate/Officeholder/Politica<br>Credit Card Payment | The Instruction Guide explains how to comp                           | es/Contract Labor OTHER (enter a category not listed above)  |
|--|--|--|
| 1 Total pages Schedule F1:                             | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 10/18 Rpt: 29/37                                  | Texas Strong Republican Women  | 00080382   |
| 4 Date   | 5 Payee name   | <b>'</b>   |
| 08/03/2024   | Anedot Inc.  |  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code                               |  |
| \$2.30   | 1340 Poydras Street, Suite 1770                                      |  |
|  |  |  |
| Expenditure from corporate funds                       | New Orleans, LA 70112  |  |
| 8 PURPOSE<br>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   |
|  |  | •  |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sough                             | t Office held  |
| Data   |  |  |
| Date<br>08/05/2024                                     | Payee name Anedot Inc.   |  |
|  |  |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                 |  |
| \$99.50  | 1340 Poydras Street, Suite 1770                                      |  |
| Expenditure from corporate funds                       | New Orleans, LA 70112  |  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) | ) Description  |
| OF<br>EXPENDITURE                                      | Fees   | Check if travel outside of Texas. Complete Schedule T.   |
|  |  | Check if Austin, TX, officeholder living expense Online Donation Processing Fee                          |
|  |  | Offine Boliation (1996)  |
| Complete <u>ONLY</u> if direct                         | Candidate/Officeholder name Office sough                             | t Office held  |
| expenditure to benefit C/OI                            | 1  |  |
| Date   | Payee name   |  |
| 08/03/2024   | Best Buy   |  |
| Amount (\$)  | Payee address; City; State; Zip Code                                 |  |
| \$21.64  | 6060 Long Prairie Rd #500  |  |
| , -  | <b>3</b>   |  |
| Expenditure from corporate funds                       | Flower Mound, TX 75028   |  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b  | Description  |
| EXPENDITURE  | Event Expense  | Check if travel outside of Texas. Complete Schedule T.   |
|  |  | Check if Austin, TX, officeholder living expense Tripod for Pat Fallon Event                             |
|  |  |  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sough                             | t Office held  |
| expenditure to benefit C/OI                            |  | - 13 <del>113 1</del>  |
|  |  |  |
|  |  |  |
|  |  |  |

#### SCHEDULE F1

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

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

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

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

| Candidate/Officeholder/Politica<br>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: 11/18 Rpt: 30/37   | Texas Strong Republican Women 00080382  |
| 4 Date  | 5 Payee name  |
| 07/30/2024  | Candy Haven   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$245.00  | 301 N I35E  |
|   |   |
| Expenditure from corporate funds                              | Denton, TX 76205  |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                              |
|   | Candy Haven   |
|   | Sandy Haven   |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł  |   |
|   |   |
| Date  | Payee name  |
| 07/26/2024  | Constant Contact  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$24.53   | 1601 Trapelo Road   |
|   |   |
| Expenditure from corporate funds                              | Waltham, MA 02451   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Advertising Expense   |
| EXPENDITORE   | Check if Austin, TX, officeholder living expense  |
|   | Email Advertising   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experientare to benefit or or                                 |   |
| Date  | Payee name  |
| 08/02/2024  | Google LLC  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$7.68  | 1600 Amphitheatre Pkwy  |
|   |   |
| Expenditure from corporate funds                              | Mountain View, CA 94043   |
| 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   | Check if Austin, TX, officeholder living expense  |
|   | Google G-Suite Subscription   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experiulture to benefit C/Of                                  | 1   |
|   |   |
|   |   |
|   |   |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Candidate/Officeholder/Politica<br>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: 12/18 Rpt: 31/37                                  | Texas Strong Republican Women 00080382  |
| 4 Date   | 5 Payee name  |
| 08/15/2024   | Jason's Deli  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$21.82  | 2219 Highway 288 S Loop, Suite 114  |
| Expenditure from                                       |   |
| corporate funds  | Denton, TX 76205  |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                |
|  | Lunch for Speaker Randolph G Russell  |
|  |   |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| ·  |   |
| Date   | Payee name  |
| 08/21/2024   | National Federation of Republican Women   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$25.00  | 124 N Alfred Street   |
| Expenditure from corporate funds                       | Alexandria, VA 22314  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By   |
|  | Candidate/Officeholder/Political Committee  |
|  | Matter Matti Ballang Fana Contibution   |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            |   |
| Date   | Payee name  |
| 08/03/2024   | Office Depot  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$172.77   | 2300 San Jacinto Blvd, San Jacinto Plaza  |
|  |   |
| Expenditure from corporate funds                       | Denton, TX 76205  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|  | Program Copies Pat Fallon Event   |
|  |   |
| 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 Committee

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

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

| Candidate/Officeholder/Politica<br>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: 13/18 Rpt: 32/37                                  | Texas Strong Republican Women 00080382  |
| 4 Date   | 5 Payee name  |
| 08/03/2024   | Party City  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$12.99  | 315 Colorado Blvd   |
|  |   |
| Expenditure from corporate funds                       | Denton, TX 76205  |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|  | Bowls for the Pat Fallon Event  |
|  |   |
| Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
| Date   | Payee name  |
| 08/20/2024   | Republican Party of Texas/CRC   |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$500.00   | P.O. Box 2206   |
|  |   |
| Expenditure from corporate funds                       | Austin, TX 78768  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|  | Candidate/Officeholder/Political Committee  |
|  | Campaign commodern  |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/OI                            |   |
| Date   | Payee name  |
| 08/03/2024   | Robson Ranch Banquet and Event Venue  |
| Amount (\$)  | Payee address; City; State; Zip Code  |
| \$3,312.65   | 9440 Ed Robson Blvd.  |
|  |   |
| Expenditure from corporate funds                       | Denton, TX 76207  |
| PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  |
|  | Room Rental, Food, Beverage for What's Cooking  |
|  | with Pat Fallon Event   |
| 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 Committee

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 complete                         | e this form.   |
|----------------------------------|--|--|
| 1 Total pages Schedule F1:       | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| Sch: 14/18 Rpt: 33/37            | Texas Strong Republican Women  | 00080382   |
| 4 Date                           | 5 Payee name   |  |
| 08/20/2024                       | Russell, Randolf   |  |
| 6 Amount (\$)                    | 7 Payee address; City; State; Zip Code                                 |  |
| \$50.00                          | 131 Bluff Dr   |  |
|                                  |  |  |
| Expenditure from corporate funds | Brunswick, GA 31523  |  |
| 8 PURPOSE                        | (a) Category (See Categories listed at the top of this schedule) (b) D | Description  |
| OF<br>EXPENDITURE                | Event Expense  | Check if travel outside of Texas. Complete Schedule T.                           |
|                                  | L  | Check if Austin, TX, officeholder living expense Speaker Fuel Donation           |
|                                  |  | speaker Fuel Donation  |
| 9 Complete ONLY if direct        | Candidate/Officeholder name Office sought                              | Office held  |
| expenditure to benefit C/O       |  | Office field   |
|                                  |  |  |
| Date                             | Payee name   |  |
| 08/03/2024                       | SS Digitizing  |  |
| Amount (\$)                      | Payee address; City; State; Zip Code                                   |  |
| \$21.60                          | PO Box 51  |  |
| Expenditure from                 |  |  |
| corporate funds                  | Thrall, TX 76578   |  |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b)   | Description  |
| OF<br>EXPENDITURE                | Event Expense  | Check if travel outside of Texas. Complete Schedule T.                           |
|                                  |  | Check if Austin, TX, officeholder living expense Digitizing for Pat Fallon Event |
|                                  |  | rightzing for rat railon Event   |
| Complete ONLY if direct          | Candidate/Officeholder name Office sought                              | Office held  |
| expenditure to benefit C/O       | - · · · · · · · · · · · · · · · · · · ·                                | Since had  |
| Dato                             | Davies name  |  |
| Date<br>08/03/2024               | Payee name<br>Sam's Club   |  |
|                                  |  |  |
| Amount (\$)                      | Payee address; City; State; Zip Code                                   |  |
| \$32.30                          | 2850 W University Dr   |  |
| Expenditure from                 |  |  |
| corporate funds                  | Denton, TX 76201   |  |
| PURPOSE                          | (a) Category (See Categories listed at the top of this schedule) (b)   | Description  |
| OF<br>EXPENDITURE                | Food/Beverage Expense  | Check if travel outside of Texas. Complete Schedule T.                           |
|                                  | L  | Check if Austin, TX, officeholder living expense  Snacks for Pat Fallon Event    |
|                                  |  | 2.5.1  |
| Complete <u>ONLY</u> if direct   | Candidate/Officeholder name Office sought                              | Office held  |
| expenditure to benefit C/O       | 9  | Office field   |
|                                  |  |  |
|                                  |  |  |
|                                  |  |  |

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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

| Candidate/Officeholder/Politica<br>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: 15/18 Rpt: 34/37   | Texas Strong Republican Women 00080382  |
| 4 Date  | 5 Payee name  |
| 07/30/2024  | ShoutSocial.com   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code  |
| \$10.00   | 1 E Center Street, Suite 300  |
| - "   |   |
| Expenditure from corporate funds                              | Provo, UT 84606   |
| 8 PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | Check if Austin, TX, officeholder living expense  Messaging Service Subscription  |
|   | iviessaging Service Subscription  |
| 9 Complete ONLY if direct                                     | Candidate/Officeholder name Office sought Office held   |
| expenditure to benefit C/O                                    |   |
|   |   |
| Date  | Payee name  |
| 08/07/2024  | ShoutSocial.com   |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$10.00   | 1 E Center Street, Suite 300  |
| — Formanditura from   |   |
| Expenditure from corporate funds                              | Provo, UT 84606   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Advertising Expense   |
| EXI ENDITORE  | Check if Austin, TX, officeholder living expense  |
|   | Messaging Service Subscription  |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experientare to benefit ere.                                  |   |
| Date  | Payee name  |
| 08/16/2024  | TFRW  |
| Amount (\$)   | Payee address; City; State; Zip Code  |
| \$50.60   | PO Box 171146   |
|   |   |
| Expenditure from corporate funds                              | Austin, TX 78717-0041   |
| PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE   | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.   |
| EXPENDITURE   | Candidate/Officeholder/Political Committee  |
|   | Donation - Membership   |
|   |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
| experialitie to beliefft C/Of                                 | '   |
|   |   |
|   |   |
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#### 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<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |
|--|--|
| 1 Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   |
| Sch: 16/18 Rpt: 35/37  | Texas Strong Republican Women 00080382   |
| 4 Date   | 5 Payee name   |
| 08/20/2024   | TFRW   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   |
| \$26.35  | PO Box 171146  |
|  |  |
| Expenditure from corporate funds   | Austin, TX 78717-0041  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  |
| EXPENDITORE  | Candidate/Officeholder/Political Committee   |
|  | Donation - Hospitality Fund Contribution   |
|  |  |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held  |
| Date   | Payee name   |
| 08/20/2024   | TFRW   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$26.35  | PO Box 171146  |
|  |  |
| Expenditure from corporate funds   | Austin, TX 78717-0041  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  |
|  | Candidate/Officeholder/Political Committee   |
|  | Donation - Scholarship Fund Contribution   |
| Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |
| expenditure to benefit C/Ol  |  |
| Date   | Payee name   |
| 08/20/2024   | TFRW   |
| Amount (\$)  | Payee address; City; State; Zip Code   |
| \$26.35  | PO Box 171146  |
|  |  |
| Expenditure from corporate funds   | Austin, TX 78717-0041  |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
| OF<br>EXPENDITURE  | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.   |
|  | Candidate/Officeholder/Political Committee   |
|  | Donation - Scholarship Fund Contribution   |
| Occupation Children  | Open districts (Office health a group of the second to the |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI                              | Candidate/Officeholder name Office sought Office held  |
| SAPORAMATO TO BOTTOM O/OI  | •  |
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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense 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

| Candidate/Officeholder/Politica<br>Credit Card Payment |   |        |
|--|---|--------|
| 1 Total pages Schedule F1:                             | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)                                      | $\neg$ |
| Sch: 17/18 Rpt: 36/37                                  | Texas Strong Republican Women 00080382  |        |
| 4 Date   | 5 Payee name  |        |
| 08/20/2024   | TFRW  |        |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |        |
| \$10.73  | PO Box 171146   |        |
|  |   |        |
| Expenditure from corporate funds                       | Austin, TX 78717-0041   |        |
| 8 PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |        |
| EXPENDITURE  | Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T. |        |
|  | Candidate/Officeholder/Political Committee  | ч      |
|  | Contribution  | J      |
| 9 Complete ONLY if direct                              | Candidate/Officeholder name Office sought Office held                                   | _      |
| expenditure to benefit C/OI                            | <del>-</del>  |        |
| Date   | Payee name  |        |
| 08/21/2024   | TFRW  |        |
| Amount (\$)  | Payee address; City; State; Zip Code  | _      |
| \$166.67   | PO Box 171146   |        |
|  |   |        |
| Expenditure from corporate funds                       | Austin, TX 78717-0041   |        |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |        |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By   |        |
|  | Candidate/Officeholder/Political Committee  |        |
|  | Donation - 2 Tickets for Tribute to Women 2024  |        |
| Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held                                   | _      |
| expenditure to benefit C/OI                            |   |        |
| Date   | Payee name  |        |
| 08/21/2024   | TFRW  |        |
| Amount (\$)  | Payee address; City; State; Zip Code  |        |
| \$260.42   | PO Box 171146   |        |
|  |   |        |
| Expenditure from corporate funds                       | Austin, TX 78717-0041   |        |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description        |        |
| OF<br>EXPENDITURE                                      | Contributions/Donations Made By   |        |
| EXI ENDITORE   | Candidate/Officeholder/Political Committee  |        |
|  | Donation - Tribute to Women Club Table Sponsor  |        |
| Complete <u>ONLY</u> 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

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 Credit Card Payment |  |
|---|--|
| 1 Total pages Schedule F1:  |  |
| Sch: 18/18 Rpt: 37/37   | Texas Strong Republican Women 00080382   |
| 4 Date  | 5 Payee name   |
| 08/03/2024  | Tractor Supply Corporation   |
| 6 Amount (\$)   | 7 Payee address; City; State; Zip Code   |
| \$10.80   | 2201 East FM 407   |
| Expenditure from corporate funds  | Bartonville, TX 76226-9444   |
| 8 PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) Description                                       |
| EXPENDITURE   | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   | Soil for Pat Fallon Event Centerpieces   |
|   |  |
| Complete ONLY if direct<br>expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held  |
|   |  |