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** 10/01/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 543 Change of Address Argyle, TX 76226-0543 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer I	
Texas Strong Republica	an women		00080	U382
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.)	ти обружией на применения и пр		
		B. Opposed		
	3. Officeholders Assisted	Ben Bumgarner State Repre	sentative	
	(Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	4	\$ 0.00
	2. TOTAL POLITICA		5	\$ 450.39
EXPENDITURE TOTALS	`	POLITICAL EXPENDITURES	4	\$ 0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	\$ 12,774.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	T DAY	\$ 25,709.04
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE	\$ 0.00
6 AFFIDAVIT	<u> </u>			
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	perjury, that ormation re	t the accompanying report is quired to be reported by me
		Freder	rick C. Tat	to.
		Signature of C		
AFFIX NOTARY	STAMP / SEAL ABOVE	org.tata.co.co	apa.g.	. 5.35.31.51
Sworn to and subscribed	hefore me, by the said		this the	day
		which, witness my hand and seal of office.	u 113 u 16	day
<u> </u>	, 20, to cormy (which, waitess my hard and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title c	of officer administering oath

FORM MPAC ADDENDUM

					Page 3 of 23
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Strong Republican \	Women			00080382	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Angie Chen Button State Repre	sentative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Richard Bachus Denton County	Constable	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Tracy Murphree Denton County	Sheriff	

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
exas Strong Republican	Women			00080382	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Tan Parker State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	David Schenck Court of Appeal	s,Chief Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Gina Parker Court Of Appeals,	Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

FORM MPAC **ADDENDUM**

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas Strong Republican V	Vomen			00080382	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Brent Hagenbuch State Senator	r	
(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			
	3. Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Hillary Hickland State Represen	itative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted		Richard Hayes State Represent	ative	
	(Identify by name or, if applicable, classify by party.)				

FORM MPAC **ADDENDUM**

ACTIVITY	-			13 Filer ID	(Ethics Commission Filers)
L4 COMMITTEE :	-				
ACTIVITY				00080382	
	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	John McQueeney State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
[:	2. Measures	A. Supported			
[1	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		John Devine Supreme Court Ju	stice	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Christi Craddick Railroad Comm	nissioner	

FORM MPAC

				ADDENDUM
				Page 7 of 23
			13 Filer ID	(Ethics Commission Filers)
Women			00080382	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Janie Lopez State Representativ	re	
Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Caroline Harris Davil State Repr	esentative	
	2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted B. Opposed	Women 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Janie Lopez State Representative Supported A. Supported A. Supported Describe by date and location of election and nature of issue.) B. Opposed A. Supported Caroline Harris Davil State Representative Caroline Harris Dav	A. Supported

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				8 of 23
17 COMMITT	EE NAME	18 Filer ID	(Ethics Co	ommission Filers)
Texas Str	rong Republican Women	00080382		
	E SUBTOTALS		SLIR	TOTAL AMOUNT
NAME OF	SCHEDULE		305	TOTAL AIVIOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	360.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	90.39
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	}	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (\$		
9.	SCHEDULE E: LOANS	\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	12,774.64
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 1/2 Rpt: 9/23	
2	FILER NAME Texas Strong	g Republican Women			3	Filer ID (Ethics Commission 00080382	n Filers)
4	Date 09/09/2024	5 Full name of contributor Cox, Angie6 Contributor address; City; St	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
		Flower Mound, TX 75028			Ĺ		
8	Escrow Offic	pation / Job title (See Instructions er)	9 Employer (See Instructions Allegiance Title Compar			
	Date 09/09/2024	Full name of contributor Greenwood, Ashley Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code)	•	Amount of Contribution (\$)	\$30.00
	Principal occu	Northlake, TX 76226 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Marketing Director Embrace Grace						
	Date 09/09/2024	Full name of contributor King, Beth Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$30.00
		Northlake, TX 76226					
	Principal occu Sales	pation / Job title (See Instructions)	Employer (See Instructions Highland Homes	s) 		
	Date 09/10/2024	Full name of contributor Thimesch, Kronda Contributor address; City; St Carrollton, TX 75011	out-of-state PAC (ID#: ate; Zip Code)		Amount of Contribution (\$)	\$15.00
	Principal occu Owner	pation / Job title (See Instructions)	Employer (See Instructions Green Meadows Lands	•	ing	
	Date 09/11/2024				Amount of Contribution (\$)	\$100.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIBU	ITIOI	NS		SCHEDUL	E A1
	The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 2/2 Rpt: 10/23	
2	FILER NAME Texas Stron	g Republican Women			3	Filer ID (Ethics Commission 00080382	n Filers)
4	Date 09/11/2024	 Full name of contributor out-of-state PAC Vincent, Marcus Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$70.00
		Argyle, TX 76226					
8	Principal occu Retired	pation / Job title (See Instructions)	g	Employer (See Instructions Retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2024 Zilinsky, Peggy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00	
	Principal occu	Denton, TX 76207 upation / Job title (See Instructions)		Employer (See Instructions	<u>(s)</u>		
	Administrative Assistant Town of Argyle				٠,		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Strong Republican Women 00080382 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/05/2024 Tate, Fred \$90.39 Campaign Bookkeeping 7 Contributor address; City; State; Zip Code Services & Support Hurst, TX 76054 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) CFO Shield, LLC Managing Director 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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 Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/12 Rpt: 12/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/09/2024	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$0.90	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
	Offiling Donation Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/09/2024	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.30	1340 Poydras Street, Suite 1770
Ψ4.00	1040 F Oyurus 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 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/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/09/2024	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1.50	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 EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Superioritation to bottom of of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Candidate/Officeholder/Politica			ense ges/Contract Labor	OTHER (enter a	category not listed above)
Credit Card Payment	The Instruction Guid	le explains how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 2/12 Rpt: 13/23	Texas Strong Republican Wo	men		00080382	
4 Date	5 Payee name				
09/09/2024	Anedot Inc.				
6 Amount (\$)	7 Payee address; City;	State; Zip Code	e		
\$1.50	1340 Poydras Street, Suite 1	770			
Expenditure from corporate funds	New Orleans, LA 70112				
8 PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	Description		
OF EXPENDITURE	Fees			outside of Texas. Com	
EXI ENDITORE			ш	TX, officeholder living	
			Online Donati	on Processing	⊢ee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt	Office he	eld
experience to benefit even	·				
Date	Payee name				
09/10/2024	Anedot Inc.				
Amount (\$)	Payee address; City;	State; Zip Code	е		
\$0.90	1340 Poydras Street, Suite 1	770			
Expenditure from corporate funds	New Orleans, LA 70112				
PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	Description		
OF EXPENDITURE	Fees		<u> </u>	outside of Texas. Com	
			ш	TX, officeholder living on Processing	
			Offinite Dorian	on Frocessing	1.66
Complete ONLY if direct	Candidate/Officeholder name	Office sough	<u>.</u>	Office he	old.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Office Sougi	IL	Office fie	eiu .
Date	Payee name				
09/10/2024	Angie Chen Button Campaigr	ា 			
Amount (\$)	Payee address; City;	State; Zip Code	e		
\$1,000.00	PO Box 832748				
Expenditure from					
corporate funds	Richardson, TX 75083				
PURPOSE	(a) Category (See Categories listed at the	top of this schedule)	Description		
OF EXPENDITURE	Contributions/Donations Mad		Check if travel o	outside of Texas. Com	plete Schedule T.
EXPENDITORE	Candidate/Officeholder/Politic	cal Committee	ш	TX, officeholder living	expense
			Campaign Co	ntribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt	Office he	eld
onponditure to belieff 0/01					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/12 Rpt: 14/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/10/2024	Ben Bumgarner for Texas Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	5150 Kensington Ct.
Expenditure from corporate funds	Flower Mound, TX 75022
8 PURPOSE 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
	Campaigh Continuation
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/11/2024	Brent Hagenbuch Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	2800 Shoreline Dr #310
φ500.00	2000 Shoreline Di #310
Expenditure from	
corporate funds	Denton, TX 76210
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
08/27/2024	Canva US Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$99.00	2140 S Dupont Highway
Ψ33.33	21 to 5 Bapont riiginvay
Expenditure from	
corporate funds	Camden, DE 19934
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVEN DITUE	Printing Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Canva US Inc
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 Com 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 Credit Card Payment		
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 4/12 Rpt: 15/23	Texas Strong Republican Women 00080382	
4 Date	5 Payee name	
09/25/2024	Canyon Falls HOA	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	6950 Canyon Falls Dr.	
- "		
Expenditure from corporate funds	Northlake, TX 76226	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense	
EXPENDITORE	Check if Austin, TX, officeholder living expense	
	Room Rental for Member Drive Event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
·		_
Date	Payee name	
09/10/2024	Caroline Harris Davila Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	PO Box 700	
Expenditure from		
corporate funds	Round Rock, TX 78680	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee Campaign Contribution	
	Campaign Continuation	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payes name	_
09/11/2024	Payee name Christi Craddick Campaign	
		_
Amount (\$) \$500.00	Payee address; City; State; Zip Code 3112 Windsor, Suite A, PMB 505	
\$300.00	STIZ WINDSOI, Suite A, FIVID 505	
Expenditure from	A	
corporate funds	Austin, TX 78703	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 5/12 Rpt: 16/23	Texas Strong Republican Women		00080382	
4 Date	5 Payee name			
08/26/2024	Constant Contact			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$24.53	1601 Trapelo Road			
,				
Expenditure from corporate funds	Waltham, MA 02451			
•		(h) p : ::		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if trave	el outside of Texas. Con	nnlete Schedule T.
EXPENDITURE	Advertising Expense		tin, TX, officeholder livin	
		Email Adve	rtising	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office h	eld
expenditure to benefit C/O	1			
Date	Payee name			
09/11/2024	David Schenck Campaign			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$1,500.00	1717 Main St., Suite 4200			
·				
Expenditure from corporate funds	Dallas, TX 75201			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Contributions/Donations Made By	_	el outside of Texas. Con	nplete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Aus	tin, TX, officeholder livin	g expense
		Campaign (Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office h	eld
expenditure to benefit C/OI	1			
Date	Payee name			
09/03/2024	Donut Paradise			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$23.98	100 Country Club Rd #109			
Expenditure from corporate funds	Argyle, TX 76226			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Food/Beverage Expense		el outside of Texas. Con	nplete Schedule T.
EXPENDITURE	, , , , , , , , , , , , , , , , , , , ,	ш	tin, TX, officeholder livin	
		Donuts for (Conservative Co	ffee Chat Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office h	eld
experience to belieff C/O				

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 6/12 Rpt: 17/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/16/2024	For the Love of Grace
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$250.00	3804 Peak Lookout Dr.
Expenditure from corporate funds	Austin, TX 78738
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Charitable Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H
Date	Payee name
09/11/2024	Gina Parker Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	5015 Fort Ave.
Expenditure from corporate funds	Waco, TX 76710
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By Check if Austin TV, officeholder living exposes
	Candidate/Officeholder/Political Committee Campaign Contribution
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
09/03/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
Φ1.08	1 1000 Amphiliteatie Frwy
Expenditure from	Mountain View, CA 04042
corporate funds	Mountain View, CA 94043
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Google G-Suite Subscription
	Coogle & Calle Cabbonpton
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	y
	His Osmalsis

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
4 T-1-1 01 11 51	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 7/12 Rpt: 18/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/11/2024	Hillary Hickland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	6318 Brayson Oaks Ct.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from	Dollars TV 70512
corporate funds	Belton, TX 76513
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff 6/01	'
Date	Payee name
09/11/2024	Jane Nelson Institute for Women's Leadership at TWU
Amount (\$)	Payee address; City; State; Zip Code
\$75.00	304 Administration Dr.
410.00	
Expenditure from	D TV 70004
corporate funds	Denton, TX 76204
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Jane Nelson Institute for Women's Leadership - 1
	Ticket for Alex Holmes
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief of or	•
Date	Payee name
09/11/2024	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 2073
72,000.00	
Expenditure from	Con Donito TV 70500
corporate funds	San Benito, TX 78586
PURPOSE 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
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorale to belieff C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 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: 8/12 Rpt: 19/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/11/2024	Jason's Deli
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.33	2219 Highway 288 S Loop, Suite 114
Expenditure from corporate funds	Denton, TX 76205
8 PURPOSE 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's at General Meeting Sept 11th
	Edition for opposition of all contonal modeling copt 11th
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitie to benefit C/Oi	
Date	Payee name
09/11/2024	Jason's Deli
Amount (\$)	Payee address; City; State; Zip Code
\$17.53	2219 Highway 288 S Loop, Suite 114
Expenditure from corporate funds	Denton, TX 76205
PURPOSE 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's at General Meeting Sept 11th
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/11/2024	Payee name John Devine Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	1 E Greenway Plaza Ste 225
Expenditure from corporate funds	Houston, TX 77046
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 1 51	
1 Total pages Schedule F1:	
Sch: 9/12 Rpt: 20/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/11/2024	John McQueeney Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	P.O. Box 100458
φ300.00	F.O. BOX 100438
Expenditure from	
corporate funds	Fort Worth, TX 76185
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	⊣
Date	Douge name
	Payee name
08/27/2024	Office Depot
Amount (\$)	Payee address; City; State; Zip Code
\$129.41	2300 San Jacinto Blvd, San Jacinto Plaza
Expenditure from corporate funds	Denton, TX 76205
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Description
EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Wal-Mart
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
09/16/2024	Refuge for Women, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$250.00	1001 S Edmonds Lane, Ste 900
,_53,00	
Expenditure from	Louis illo TV 75067
corporate funds	Lewisville, TX 75067
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LA LABITORE	Candidate/Officeholder/Political Committee
	Charitable Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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

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

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	l 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: 10/12 Rpt: 21/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/10/2024	Richard Bachus Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1846 E Rosemeade Pkwy, #236
Expenditure from corporate funds	Carrollton, TX 75007
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Contribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
p = 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Date	Payee name
09/11/2024	Richard Hayes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 2818
Expenditure from corporate funds	Denton, TX 76202
PURPOSE 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. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o
Date	Payee name
09/08/2024	Sam's Club
Amount (\$)	Payee address; City; State; Zip Code
\$80.13	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 EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Wal-Mart Wal-Mart
Complete ONLY Station	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/O	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

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 this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/12 Rpt: 22/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/09/2024	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 EXPENDITURE	Advertising Expense
LXI LINDITORE	Check if Austin, TX, officeholder living expense
	Messaging Service Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date 09/12/2024	Payee name TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.30	PO Box 171146
Expenditure from	
corporate funds	Austin, TX 78717-0041
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation - Membership
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
09/11/2024	Tan Parker Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	PO Box 271741
Expenditure from corporate funds	Flower Mound, TX 75207
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
5.150.10.10.10.10.10.10.10.10.10.10.10.10.10	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 Credit Card Payment	Il 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: 12/12 Rpt: 23/23	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/10/2024	Tracy Murphree Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	411 Ridgecrest Place
Expenditure from corporate funds	Sanger, TX 76266
8 PURPOSE 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 Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/25/2024	USPS
Amount (\$)	Payee address; City; State; Zip Code
\$14.60	440 Highway 377 N
Ψ14.00	440 Filgriway 377 N
Expenditure from corporate funds	Argyle, TX 76226
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Stamps for Mailing
	Stamps for Maining
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Douge name
09/08/2024	Payee name Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$23.05	2750 W University Drive
Expenditure from corporate funds	Denton, TX 76201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Wal-Mart Wal-Mart
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	