

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

| | | | |
|---|--|--|-----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00054835 | 2 Total pages filed: 12 |
| 3 COMMITTEE NAME High Plains Republican Women PAC | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 10/06/2024 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Pox 19003 Amarillo, TX 79114 | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mrs. Angie L. | | |
| | NICKNAME LAST SUFFIX Angie Parker | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2240 W. Hwy 217 Canyon, TX 79015 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1246 Canyon, TX 79015 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (806) 282-7726 | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year 07/01/2024 09/26/2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11/05/2024 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME High Plains Republican Women PAC | 13 Filer ID (Ethics Commission Filers) 00054835 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. 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 |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 702.56 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 1,633.56 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 1,850.89 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 11,379.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 28,871.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Angie L. Parker

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 12

| | | |
|--|---|---|
| 17 COMMITTEE NAME High Plains Republican Women PAC | | 18 Filer ID (Ethics Commission Filers) 00054835 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,633.56 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 11,379.35 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/12 |
| 2 FILER NAME High Plains Republican Women PAC | | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 09/03/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casias, Jade | 7 Amount of Contribution (\$) \$40.00 |
| 6 Contributor address; City; State; Zip Code Amarillo, TX 79106 | | |
| 8 Principal occupation / Job title (See Instructions) Claims Analyst Supervisor | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheney, Estelle | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79118 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeMars, Christine | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Canyon, TX 79015 | | |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Debra | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Canyon, TX 79015 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felder, Berry | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79124 | | |
| Principal occupation / Job title (See Instructions) Accountant | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12 |
| 2 FILER NAME High Plains Republican Women PAC | | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 07/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felder, Donna <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gandy Donohue, Hollie <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79106 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Financial Services | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Kim <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79108 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Kim <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79108 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Self-Employed | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartmann, Diana <hr/> Contributor address; City; State; Zip Code Abilene, TX 79603 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12 |
| 2 FILER NAME High Plains Republican Women PAC | | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 07/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dee | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Amarillo, TX 79101 | | |
| 8 Principal occupation / Job title (See Instructions) District Judge | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littlejohn, Linda | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79119 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79106 | | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Jana | Amount of Contribution (\$) \$8.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79106 | | |
| Principal occupation / Job title (See Instructions) Sales | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79119 | | |
| Principal occupation / Job title (See Instructions) Retired - HR | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12 |
| 2 FILER NAME High Plains Republican Women PAC | | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 07/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Connie | 7 Amount of Contribution (\$) \$8.00 |
| 6 Contributor address; City; State; Zip Code Amarillo, TX 79119 | | |
| 8 Principal occupation / Job title (See Instructions) Retired - HR | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roller, Tom | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Amarillo, TX 79124 | | |
| Principal occupation / Job title (See Instructions) Commercial Real Estate Broker | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Federation of Republican Women | Amount of Contribution (\$) \$400.00 |
| Contributor address; City; State; Zip Code Austin, TX 78717 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jim | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code AMARILLO, TX 79106 | | |
| Principal occupation / Job title (See Instructions) Financial Services | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Throop, Tia | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Abilene, TX 79603 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12 |
| 2 FILER NAME High Plains Republican Women PAC | | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 07/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, David <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79124 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timm, Paula <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79124 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Undwewriter | | Employer (See Instructions) |
| Date 07/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinn, Kathy <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 9/12 | 2 FILER NAME High Plains Republican Women PAC | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 07/02/2024 | 5 Payee name Abuelo's Mexican Restaurant | |
| 6 Amount (\$) \$798.09 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 3501 SW 45th Amarillo, TX 79109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meal for monthly meeting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 08/18/2024 | Candidate/Officeholder name First Family Church | |
| Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 6101 S. Bell Amarillo, TX 79109 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gym rental for September meeting |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 09/11/2024 | Candidate/Officeholder name May, Jana (Mrs.) | |
| Amount (\$) \$102.36 <input type="checkbox"/> Expenditure from corporate funds | Office sought 106 Crestway Terrace Amarillo, TX 79106 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Water and condiments for September meeting |
| Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 10/12 | 2 FILER NAME High Plains Republican Women PAC | 3 Filer ID (Ethics Commission Filers) 00054835 |
| 4 Date 08/18/2024 | 5 Payee name May, Jana (Mrs.) | |
| 6 Amount (\$) \$134.12 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 106 Crestway Terrace Amarillo, TX 79106 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ribs and plasticware for August meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/01/2024 | Payee name Price, Cindy (Mrs.) | |
| Amount (\$) \$195.90 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1305 S. Rosemont St. Amarillo, TX 79106 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-shirts and iron-on transfers |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/11/2024 | Payee name Price, Cindy (Mrs.) | |
| Amount (\$) \$107.99 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1305 S. Rosemont St. Amarillo, TX 79106 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banners |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 11/12 | 2 FILER NAME High Plains Republican Women PAC | 3 Filer ID (Ethics Commission Filers) 00054835 |
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|-----------------------------|--|
| 4 Date 08/18/2024 | 5 Payee name Project Destiny |
|-----------------------------|--|

| | |
|---|---|
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2607 Wolflin Ave PMB972 Amarillo, TX 79109 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
|---------------------------------|---|--|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|----------------------------------|
| Date 09/15/2024 | Payee name Randall County GOP |
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| | |
|--|---|
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3219 Commerce St. Amarillo, TX 79109 |
|--|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Billboards |
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| | | | |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|--|
| Date 09/15/2024 | Payee name Texas Federation of Republican Women |
|--------------------|--|

| | |
|--|---|
| Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 515 Capital of Texas Highway Suite 313 Austin, TX 78746 |
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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 12/12 | 2 FILER NAME High Plains Republican Women PAC | 3 Filer ID (Ethics Commission Filers) 00054835 |
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|-----------------------------|---------------------------------------|
| 4 Date 09/17/2024 | 5 Payee name Vargas, Joseph |
|-----------------------------|---------------------------------------|

| | |
|---|--|
| 6 Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code PO Box 5304 San Angelo, TX 76902 |
|---|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Supplies | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Books to sell |
|---------------------------------|---|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 07/02/2024 | Payee name Vargas, Joseph |
|--------------------|------------------------------|

| | |
|--|---|
| Amount (\$) \$240.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 5304 San Angelo, TX 76902 |
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| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Speaker fees |
|-------------------------------|---|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 08/06/2024 | Payee name Wolfe Big Green Egg Smoking |
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|--|---|
| Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 6203 Ethan Lane Amarillo, TX 79109 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Brisket and sausage for August meeting |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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