FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00054835 3 COMMITTEE NAME **OFFICE USE ONLY** High Plains Republican Women PAC Date Received **ELECTRONICALLY FILED** 10/26/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Pox 19003 Date Hand-delivered or Date Postmarked Change of Address Amarillo, TX 79114 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Angie L. NAME NICKNAME LAST **SUFFIX** Angie Parker STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2240 W. Hwy 217 STREET **ADDRESS** (Residence or Business) Canyon, TX 79015 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 1246 MAILING **ADDRESS** Canyon, TX 79015 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (806) 282-7726 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

		ı		/=u
2 COMMITTEE NAME	an Maman DAO		13 Filer ID	(Ethics Commission Filers)
High Plains Republic	an women PAC		00054835	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported		
	applicable, classify by party.)			
(Attach lists on plain		B. Opposed		
paper to complete this report if necessary.)				
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
	,			
		B. Opposed		
	3. Officeholders	The Honorable Christi Craddick	Pailroad Co	mmissioner
	Assisted	The Honorable Christi Cradulck	Railload Col	mmissioner
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION	1. TOTAL UNITEMIZE	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	OR GUARANTEES OF LOANS, OR	\$	501.15
		IADE ELECTRONICALLY) qualifies for the higher itemization threshold		002.20
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	000.45
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	ا	826.15
EXPENDITURE	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	150.44
TOTALS			۳	158.41
	4. TOTAL POLITICA	L EXPENDITURES	\$	C 770 F 4
				6,772.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$	27,924.71
	OF THE REPORTIN	GFERIOD	,	21,924.11
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE s	0.00
LOAN TOTALS	LAST DAT OF THE	REPORTING FERIOD		0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of per	jury, that the ac	companying report is
		true and correct and includes all inforn under Title 15, Election Code.		
		under Title 13, Election Code.		
		Mrs. Angie	a I Darkor	
		Signature of Can		<u></u>
		C.g. aaa.	pa.g caca	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ned hefore me, by the said	, th	is the	day
		which, witness my hand and seal of office.		udy
- 1		. ,		
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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14 (COMMITTEE NAME High Plains Republican					13 Filer ID	(Ethics Commission Filers)
14 (High Plains Republican	M/					(,
		women PAC				00054835	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
ļ	(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.)		Janie Lopez S	tate Representati	ve	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		John Guerra	State Representat	tive	
ļ	(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.)		Steve Kinard S	State Representat	ive	
ļ	(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.)					

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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							1 ago 1 01 10
12	COMMITTEE NAME					13 Filer ID	Ethics Commission Filers)
	High Plains Republican	Women PAC				00054835	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Robert Garza State Representa		
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
		2. Measures	A. Suppo	rtod			
		(Describe by date and location of election and nature of issue.)	А. Зиррс	rteu			
			B. Oppos	ed			
		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. Suppo	rted			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
			B. Oppos	ed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			The Honorable Morgan Meyer S	State Representa	tive
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Suppo	rted			
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	sed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted			
			B. Oppos	sed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			The Honorable Angie Chen Butto	on State Repres	entative
		1 , , , , , , , , , , , , , , , , ,	I				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 5 of 16

MITTEE NAME Plains Republican MITTEE /ITY h lists on plain to complete this if necessary.)	Women PAC 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures	A. Supported B. Opposed	1	3 Filer ID (Ethics Commission Filers) 00054835
MITTEE /ITY h lists on plain to complete this	Candidates (Identify by name or, if applicable, classify by party.)			00054835
MITTEE /ITY h lists on plain to complete this	Candidates (Identify by name or, if applicable, classify by party.)			
to complete this	2. Measures	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.)		The Honorable John Lujan III Stat	te Representative
MITTEE	1. Candidates	A. Supported	Marc LaHood State Representativ	/e
/ITY	(Identify by name or, if applicable, classify by party.)		η	
h lists on plain to complete this 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.)			
	Candidates (Identify by name or, if	A. Supported	John Jun State Representative	
to complete this		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	3. Officeholders			
	MITTEE VITY Th lists on plain to complete this t if necessary.)	Assisted (Identify by name or, if applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) th lists on plain to complete this at if necessary.) 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.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) Eth lists on plain to complete this at if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders	Assisted (Identify by name or, if applicable, classify by party.) MITTEE VITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported John Jun State Representative B. Opposed A. Supported B. Opposed A. Supported B. Opposed

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC

					Page 6 of 16
				<u> </u>	
					(Ethics Commission Filers)
	A. Supported	Kay Smith	State Representat	tive	
	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.)					
	(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	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	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	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 A. Supported A. Supported A. Supported A. Supported A. Supported	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 A. Supported A. Supported A. Supported A. Supported A. Supported

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

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17 COMMIT	TEE NAME	18 Filer ID	(Ethics Commission Filers)
	ins Republican Women PAC	00054835	1
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 826.1
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 6,772.5
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 5,000.0

	MONET	ARY POLITICAL CONTRIBU		SCHEDULI	ULE A1	
	The Instruc	ction Guide explains how to complete t	his form.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 8/16	
2	FILER NAME High Plains F	Republican Women PAC		3	Filer ID (Ethics Commission 00054835	n Filers)
4	Date 10/16/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$25.00	
_		Amarillo, TX 79124	<u> </u>			
8	Principal occur Teacher	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC Denny, Steven Contributor address; City; State; Zip Code	(ID#:)		Amount of Contribution (\$)	\$25.00
	Principal occur	Amarillo, TX 79124 pation / Job title (See Instructions)	Employer (See Instructions	e) 		
	District Judge		Employer (See mondedone	3)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/01/2024 Dorsey, Francis Contributor address; City; State; Zip Code		C (ID#:)		Amount of Contribution (\$)	\$25.00
		Canyon, TX 79015				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/01/2024				Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	.E A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 9/16	
2	FILER NAME High Plains F	Republican Women PAC		3	Filer ID (Ethics Commission 00054835	Filers)
4	Date 10/01/2024	 Full name of contributor	7	Amount of Contribution (\$)	\$25.00	
_		Amarillo, TX 79118				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Herring, Darla Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$25.00	
	Principal occur	Amarillo, TX 79124 pation / Job title (See Instructions)	Employer (See Instructions	.)		
	RE agent	salion, out the (eee medicalens)	Employer (eee meadeants	,		
	Date 10/01/2024				Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79124				
	Principal occu District Attori	pation / Job title (See Instructions) ney	Employer (See Instructions	i)		
	Date 10/01/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00
	Principal occu District Judge	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2024	Date Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$25.00
	Principal occu Realtor	pation / Job title (See Instructions)	Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this t	1	Total pages Schedule A1: Sch: 3/3 Rpt: 10/16		
2	FILER NAME High Plains	Republican Women PAC	3	Filer ID (Ethics Commission 00054835	n Filers)	
4	Date 10/01/2024				Amount of Contribution (\$)	\$25.00
8	Principal occu	Amarillo, TX 79118 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Nobile, Pama Contributor address; City; State; Zip Code Amarillo, TX 79110			Amount of Contribution (\$)	\$25.00
	Principal occu Hairstylist	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Roller, Tom Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
		Amarillo, TX 79124 pation / Job title (See Instructions) Real Estate Broker	Employer (See Instructions) s)		

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:	<u>.</u>
Sch: 1/5 Rpt: 11/16	High Plains Republican Women PAC 00054835
4 Date	5 Payee name
10/16/2024	Button, Angie Chen (The Honorable)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	1201 International Parkway
	No. 130
Expenditure from corporate funds	Richardson, TX 75081
8 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/27/2024	Cinergy
Amount (\$)	Payee address; City; State; Zip Code
\$600.00	9201 Cinergy Square
Expenditure from corporate funds	Amarillo, TX 79119
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
	Meal for monthly meeting
	mounts mounty mounty
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/01/2024	Cinergy
Amount (\$)	Payee address; City; State; Zip Code
\$514.13	9201 Cinergy Square
Expenditure from corporate funds	Amarillo, TX 79119
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
	Monthly meal expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 2/5 Rpt: 12/16	FILER NAME High Plains Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00054835
4	Date 10/16/2024	Payee name Craddick, Christi (The Honorable)	
8	Amount (\$) \$500.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Continuations/Donations Wade By	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Contribution
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/16/2024	Payee name Garza, Robert	
	Amount (\$) \$500.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 2116 Veterans Blvd, Ste 5 Del Rio, TX 78840	
	PURPOSE OF EXPENDITURE	Contributions/Donations wade by	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/16/2024 Amount (\$) \$500.00	Payee name Guerra, John Robert Payee address; City; State; Zip Code 3105 Forest Court	
	Expenditure from corporate funds	Mission, TX 78574	
	PURPOSE OF EXPENDITURE	Continuations/Donations Made By	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense Contribution
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

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

Printing Expense

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

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:)
Sch: 3/5 Rpt: 13/16	High Plains Republican Women PAC 00054835	
4 Date	5 Payee name	
10/16/2024	Jun, John	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	619 Allen Road	
Expenditure from corporate funds	Coppell, TX 75019	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee	
	Campaign contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Dete		_
Date	Payee name	
10/16/2024	Kinard, Steve	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	2506 Valley Forge	
Expenditure from		
corporate funds	Richardson, TX 75080	
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 contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Data		_
Date	Payee name	
10/16/2024	LaHood, Marc	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	4014 McCullough Ave	
Expenditure from		
corporate funds	San Antonio, TX 78212	
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	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)						
	•								
1 Total pages Schedule F1: Sch: 4/5 Rpt: 14/16	2 FILER NAME High Plains Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00054835						
	<u> </u>								
4 Date	5 Payee name								
10/16/2024	Lopez, Janie (The Honorable)								
6 Amount (\$) \$500.00	7 Payee address; City; State; P. O. Box 2073	Zip Code							
Expenditure from corporate funds									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	ittee Check if travel of Check if Austin,	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign contribution						
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held						
Date	Payee name								
10/16/2024	10/16/2024 Lujan III, John (The Honorable)								
Amount (\$)	Payee address; City; State;	Zip Code							
\$500.00 P. O. Box 14479									
Expenditure from corporate funds	San Antonio, TX 78214								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense ntribution						
Complete ONLY if direct expenditure to benefit C/OI		ffice sought	Office held						
Date 10/16/2024	Payee name Meyer, Morgan (The Honorable)								
Amount (\$) \$500.00	Payee address; City; State; 3838 Oak Lawn Ave, Ste 400	Zip Code							
Expenditure from corporate funds	Dallas, TX 75219								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche Contributions/Donations Made By Candidate/Officeholder/Political Commi	Check if travel of	outside of Texas. Complete Schedule T. TX, officeholder living expense ntribution						
Complete ONLY if direct expenditure to benefit C/O		ffice sought	Office held						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/5 Rpt: 15/16	High Plains Republican Women PAC 00054835
4 Date	5 Payee name
10/16/2024	Smith, Kay
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 776
Expenditure from corporate funds	Cypress, TX 77410
8 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 expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

	CONTR		SCHEDULE K				
	The Instruction Guide explains how to complete this form. 2 FILER NAME High Plains Republican Women PAC			1		pages Schedule K: 1/1 Rpt: 16/16	
2				3	Filer II	(Ethics Commission Filers) 4835 8 Amount (\$) \$5,000.00	
4	Date 10/01/2024		Name of person from whom amount is received Texas Federation of Republican Women Address of person from whom amount is received; City; State; Zip Code				
		7	Austin, TX 78717-0041 Purpose for which amount is received Contribution returned	oliti	cal cont	ribution returned to filer	