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** 10/31/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 543 Change of Address Argyle, TX 76226-0543 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 March 5 September 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME	\ \ \ \		13 Filer ID	(Ethics Commission Filers)
Texas Strong Republica	an women		000803	882
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.)	у и серропеа		
		B. Opposed		
	3. Officeholders Assisted	Ben Bumgarner State Repres	sentative	
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	470.39
EXPENDITURE TOTALS	`	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,833.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	23,262.72
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT	I		<u> </u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.	erjury, that th rmation requ	ne accompanying report is ired to be reported by me
		Fraderi	ck C. Tate	
		Signature of Ca		asurer
AFFIX NOTARY	STAMP / SEAL ABOVE	Orginature of Ox	ampaign rrec	
Sworn to and subscribed	hefore me, by the said	,	thic the	day
		which, witness my hand and seal of office.		uay
<u> </u>	, 20 <u> </u>	which, with each my mand and actail or office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	officer administering oath

FORM MPAC ADDENDUM

A. Supported B. Opposed A. Supported and and and B. Opposed ers or, if y by party.) B. Opposed A. Supported A. Supported A. Supported A. Supported	Angie Chen Button State Representative
and and B. Opposed	Angie Chen Button State Representative
and and B. Opposed	Angie Chen Button State Representative
A. Supported B. Opposed ers or, if y by party.) as A. Supported B. Opposed B. Opposed	Angie Chen Button State Representative
B. Opposed ers or, if y by party.) es A. Supported or, if y by party.) B. Opposed	Angie Chen Button State Representative
B. Opposed ers or, if y by party.) es A. Supported or, if y by party.) B. Opposed	
ers or, if y by party.) ss A. Supported or, if y by party.) B. Opposed	
or, if y by party.) So A. Supported or, if y by party.) B. Opposed	
A. Supported or, if y by party.) B. Opposed	
B. Opposed	
A. Supported	
and n and	
B. Opposed	
ers or, if y by party.)	Richard Bachus Denton County Constable
s A. Supported	
or, if y by party.)	
B. Opposed	
A. Supported	
B. Opposed	
ers or, if	Tracy Murphree Denton County Sheriff
	B. Opposed A. Supported A. Supported B. Opposed B. Opposed A. Supported A. Supported A. Supported B. Opposed

FORM MPAC **ADDENDUM**

						Page 4 of 16
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	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)		Tan Parker S	State Senator		
COMMITTEE	1. Candidates		David Schen	ck Court of App	eals,Chief Justice	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		David Conc	or court of hyp	cais,orner oacase	
(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	1. Candidates		Gina Parker	Court of Appeal		
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Onia i a.i.s.	Out of Appear	3,0,110, 000.00	
(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				
	nature or issue.)	B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.))				
	Assisted					

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.)	A. Supported	Brent Hagenbuch State Senato		
(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.)	A. Supported	Hillary Hickland State Represe	ntative	
(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.)	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 Hayes State Represen	tative	

FORM MPAC **ADDENDUM**

2 COMMITTEE NAME					
Favoa Ctrana Danubliaan is				13 Filer ID	(Ethics Commission Filers)
Texas Strong Republican W	/omen			00080382	
ACTIVITY	1. 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			
	(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			
	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.)		John Devine Supreme Court Just	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			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if		Christi Craddick Railroad Comm	nissioner	

FORM MPAC

						ADDENDUM
						Page 7 of 16
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Texas Strong Republican V	Vomen				00080382	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		upported			
(Attach lists on plain paper to complete this report if necessary.)		B. O	pposed			
	2. Measures (Describe by date and location of election and nature of issue.)		upported			
		B. O	pposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Janie Lopez State Representation	ve	
COMMITTEE	Candidates	A. Si	upported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		арролюц			
(Attach lists on plain paper to complete this report if necessary.)		B. O	pposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported			
		B. O	pposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			Caroline Harris Davil State Repr	esentative	

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			8 of 16					
	17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
Texas Strong Republican Women 00080382								
	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 380.00					
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 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	\$ 2,833.32					
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. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 7.00					

	MONET	ARY POLITICAL CONTRII	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	1	Total pages Schedule A1: Sch: 1/1 Rpt: 9/16			
2	FILER NAME Texas Strong Republican Women				3	Filer ID (Ethics Commissio 00080382	n Filers)
4	Date 10/15/2024	5 Full name of contributor out-of-state PAC (ID#:) Galbraith, Susan 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$30.00
8	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
•	Retired	panon, cos ano (cos monasnono)		Retired	-,		
	Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Roehrs, Valerie Contributor address; City; State; Zip Code					Amount of Contribution (\$)	\$100.00
	Principal occu	Argyle, TX 76226		Employer (See Instructions	;) 		
				Retired	"		
Date Full name of contributor out-of-state PAC (ID# 10/09/2024 Steckler, Nancy Contributor address; City; State; Zip Code		PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		Northlake, TX 76226					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 10/10/2024 Tate, Jill Contributor address; City; State; Zip Code Colleyville, TX 76034					Amount of Contribution (\$)	\$50.00
Principal occupation / Job title (See Instructions) Homemaker Employer (See Instructions) Self-employed				Employer (See Instructions Self-employed	5)		
	Date 10/10/2024					Amount of Contribution (\$)	\$100.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
			•				

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: 10/16 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 10/05/2024 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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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)
<u> </u>	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 11/16	Texas Strong Republican Women 00080382
4 Date	5 Payee name
10/09/2024	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
10/09/2024	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
<u>'</u>	
Date	Payee name
10/10/2024	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$6.30	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 12/16 Texas Strong Republican Women 00080382 4 Date Payee name 10/14/2024 Ben Bumgarner for Texas Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 5150 Kensington Ct. Expenditure from Flower Mound, TX 75022 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/12/2024 Campaign Sidekick Amount (\$) Payee address; City; State; Zip Code \$29.28 1550 Old Annetta Expenditure from Aledo, TX 76008 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MMS Text Messaging Service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/26/2024 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$24.53 1601 Trapelo Road Expenditure from corporate funds Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense **Email Advertising** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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: 3/5 Rpt: 13/16	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/30/2024	Donut Paradise
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$26.74	100 Country Club Rd #109
Expenditure from corporate funds	Argyle, TX 76226
8 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 Donuts for Conservative Coffee Chat Event
	Bonds for Conservative Conce Chat Event
Complete CNII V if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Google LLC
Amount (\$)	Payee address; City; State; Zip Code
\$7.68	1600 Amphitheatre Pkwy
Expenditure from corporate funds	Mountain View, CA 94043
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Google G-Suite Subscription
	Google G-Suite Subscription
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/15/2024	Jason's Deli
Amount (\$)	Payee address; City; State; Zip Code
\$86.63	2219 Highway 288 S Loop, Suite 114
Expenditure from corporate funds	Denton, TX 76205
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Lunch for Speaker's at General Meeting
_	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabandula E4.	
1 Total pages Schedule F1: Sch: 4/5 Rpt: 14/16	2FILER NAME3Filer ID(Ethics Commission Filers)Texas Strong Republican Women00080382
4 Date	5 Payee name
10/14/2024	Name Badge Productions
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$57.10	3220 Deming Way, Suite 180
Expenditure from	Middleton, WI 53562
corporate funds	Wilduleton, Wi 55502
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense
	2025 Patron Ribbons
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/19/2024	Office Depot
	<u> </u>
Amount (\$)	Payee address; City; State; Zip Code
\$59.46	2300 San Jacinto Blvd, San Jacinto Plaza
Expenditure from corporate funds	Denton, TX 76205
•	I
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies - Binders, dividers, copy paper
	Office Supplies - Billiders, dividers, copy paper
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/30/2024	Point Bank
Amount (\$)	Payee address; City; State; Zip Code
\$7.00	PO Box 278
Expenditure from corporate funds	Pilot Point, TX 76258
•	
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
	Bank Service Charge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By 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: 5/5 Rpt: 15/16	Texas Strong Republican Women 00080382
4 Date	5 Payee name
10/14/2024	Samaritan's Purse
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	PO Box 3000
Expenditure from	Boone, NC 28607
corporate funds	
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
	Charlable Contribution Go Disaster Neller Boliation
O Complete ONLY if allow	Condidate/Officeholder name Office sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
10/07/2024	ShoutSocial.com
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1 E Center Street, Suite 300
Expenditure from	Provo, UT 84606
corporate funds	1
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
	Messaging Service Subscription
	Messaging Service Subscription
Compulate ONLV if divest	Condidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
10/07/2024	ShoutSocial.com
Amount (\$)	Payee address; City; State; Zip Code
\$10.00	1 E Center Street, Suite 300
Expenditure from corporate funds	Provo, UT 84606
	1
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
	Messaging Service Subscription
	messaging cervice eassemption
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	•
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Strong Republican Women 00080382 5 Name of person from whom amount is received 8 Amount (\$) Date 10/04/2024 \$7.00 Point Bank 6 Address of person from whom amount is received; City; State; Zip Code Pilot Point, TX 76258 Purpose for which amount is received Check if political contribution returned to filer Refund of Bank Service Charge