

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017039	2 Total pages filed: 15		
3 COMMITTEE NAME Concho Valley Republican Women's Club PAC			OFFICE USE ONLY		
			Date Received ELECTRONICALLY FILED 11/19/2024		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 60583 San Angelo, TX 76906		Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI		
	Mrs.	Teri			
	NICKNAME	LAST	SUFFIX		
		Jackson			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1515 Grierson Street San Angelo, TX 76901				
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1515 Grierson Street San Angelo, TX 76901				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(325)	656-0121			
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)				
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input checked="" type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5				
11 PERIOD COVERED	Month Day Year 09/26/2024		THROUGH	Month Day Year 10/25/2024	

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Concho Valley Republican Women's Club PAC	13 Filer ID (Ethics Commission Filers) 00017039
---	---

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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,279.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,289.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 18,035.79
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. Teri Jackson

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 - MPAC

17 COMMITTEE NAME Concho Valley Republican Women's Club PAC		18 Filer ID 00017039	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT	
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	18,279.87
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	\$	10,289.16
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: 1/8 Rpt: 4/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bacon, Glenda (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code San Angelo, TX 76901	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Lauren	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Linda (Mrs.)	Amount of Contribution (\$) \$192.36
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Builder		Employer (See Instructions) Self Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Lou (Mrs.)	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Christoval, TX 76935	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collett, Ernest	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Angelo, TX 76905	
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: 2/8 Rpt: 5/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Donna	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Christoval, TX 76935		
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Shelburne Financial
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donaldson, Donna	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Christoval, TX 76935		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Shelburne Financial
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eby-Martinez, Suzann (Ms.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Janell	Amount of Contribution (\$) \$192.09
Contributor address; City; State; Zip Code San Angelo, TX 76903		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engdahl, Clay	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Angelo, TX 76905		
Principal occupation / Job title (See Instructions) Agriculture		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 6/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engdahl, Sue (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Angelo, TX 76904	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Juanita (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Kerrie (Ms.)	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Probation Officer		Employer (See Instructions) State of Texas
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herrera, Julian	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Assistant		Employer (See Instructions) At His Feet Ministry
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Dee	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Shannon Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 7/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Dee <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76904	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Shannon Hospital
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Gentry <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Glenna <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Housewife		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Matt <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill , Zach <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 8/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoelscher, Ralph (Mr.)	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Miles, TX 76861		
8 Principal occupation / Job title (See Instructions) County Commissioner		9 Employer (See Instructions) Tom Green County
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Teri (Mrs.)	Amount of Contribution (\$) \$800.00
Contributor address; City; State; Zip Code San Angelo , TX 76901		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Teri (Mrs.)	Amount of Contribution (\$) \$475.00
Contributor address; City; State; Zip Code San Angelo , TX 76901		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenike, Karen (Mrs.)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenike, Karen (Mrs.)	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code San Angelo, TX 76904		
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: 6/8 Rpt: 9/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justiss, Judith <hr/> 6 Contributor address; City; State; Zip Code San Angelo, TX 76901	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keen, Kay <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$96.11
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Linda (Mrs.) <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76904	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Joni <hr/> Contributor address; City; State; Zip Code Mason, TX 76856	Amount of Contribution (\$) \$96.11
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Donald <hr/> Contributor address; City; State; Zip Code San Angelo, TX 76901	Amount of Contribution (\$) \$192.09
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: 7/8 Rpt: 10/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poppell, Jennifer	7 Amount of Contribution (\$) \$1,100.00
	6 Contributor address; City; State; Zip Code San Angelo, TX 76903	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Penny (Judge)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Angelo, TX 76901	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelburne, LaQueta	Amount of Contribution (\$) \$7,500.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Shelburne Financial
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelburne, LaQueta	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Shelburne Financial
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelburne, LaQueta	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code San Angelo, TX 76904	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Shelburne Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 11/15
2 FILER NAME Concho Valley Republican Women's Club PAC		3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vargas, Joseph	7 Amount of Contribution (\$) \$96.11
	6 Contributor address; City; State; Zip Code San Angelo, TX 76903	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Keep Texas Red

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: 12/15	2 FILER NAME Concho Valley Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00017039
--	--	--

4 Date 10/07/2024	5 Payee name At His Feet Ministry
-----------------------------	---

6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9701 Alameda Genoa Road Houston, TX 77075
---	---

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 Speaker Fee
---------------------------------	--	---

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

Date 10/07/2024	Payee name Bensman, Todd
--------------------	-----------------------------

Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Austin, TX
--	--

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 Event speaker
-------------------------------	--	---

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

Date 10/21/2024	Payee name Constant Contact
--------------------	--------------------------------

Amount (\$) \$24.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Reservoir Place 1601 Trapelo Road Waltham, MA 02451
---	---

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 Monthly office expense
-------------------------------	---	--

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: 2/4 Rpt: 13/15	2 FILER NAME Concho Valley Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/07/2024	5 Payee name Fairfield Inn	
6 Amount (\$) \$99.27 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1459 Knickerbocker Road San Angelo, TX 76904	
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 Room for event speaker
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/07/2024	Candidate/Officeholder name Fairfield Inn	
Amount (\$) \$99.27 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1459 Knickerbocker Road San Angelo, TX 76904	
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 Room for event speaker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/07/2024	Candidate/Officeholder name Fairfield Inn	
Amount (\$) \$99.27 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1459 Knickerbocker Road San Angelo, TX 76904	
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 Room for event speaker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/07/2024	Candidate/Officeholder name Fairfield Inn	
Amount (\$) \$99.27 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1459 Knickerbocker Road San Angelo, TX 76904	
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 Room for event speaker
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: 3/4 Rpt: 14/15	2 FILER NAME Concho Valley Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00017039
--	--	--

4 Date 10/09/2024	5 Payee name Friendly Flowers
-----------------------------	---

6 Amount (\$) \$809.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2501 Johnson Ave San Angelo, TX 76904
---	---

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 Flowers for event
---------------------------------	--	---

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

Date 10/08/2024	Payee name Shelburne, LaQueta (Mrs.)
--------------------	---

Amount (\$) \$40.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3177 Executive Dr San Angelo, TX 76903
---	---

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 Speaker meals
-------------------------------	--	---

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

Date 10/21/2024	Payee name Shelburne, LaQueta (Mrs.)
--------------------	---

Amount (\$) \$5,078.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3177 Executive Dr San Angelo, TX 76903
--	---

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 Reimburse for event at Bentwood CC
-------------------------------	--	--

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: 15/15	2 FILER NAME Concho Valley Republican Women's Club PAC	3 Filer ID (Ethics Commission Filers) 00017039
4 Date 10/15/2024	5 Payee name Vonage	
6 Amount (\$) \$38.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 23 Main Street Horndel, NJ 07733	
8 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 Monthly office expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held