### 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) 00055384				2 Total pages filed: 14		
3 COMMITTEE NAME					OFFICE US	SE ONLY
	Harrison County R	epublican Women			Date Received ELECTRONICAL 01/03/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y; STATE	; ZIP CODE		
	ADDRESS	200 W. Houston st. Rm 331			Date Hand-delivered or D	ate Postmarked
	Change of Address					
		Marshall, TX 75670			Receipt #	Amount
					Data Daaraa	
					Date Processed	
					Date Imaged	
5	CAMPAIGN TREASURER	MS / MRS / MR FIRST			MI	
	NAME	Sherry L.				
					SUFFIX	
		NICKNAME LAST Rushing			SUFFIX	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);	APT	/ SUITE #; CITY;	STAT	E; ZIP CODE
	TREASURER STREET	4400 Jeff Davis St.				
	ADDRESS					
	(Residence or Business)	Marshall, TX 75672				
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT	r / SUITE #; CITY;	STA	TE; ZIP CODE
	MAILING	4400 Jeff Davis St.				
	ADDRESS					
	Change of Address	Marshall, TX 75672				
8	CAMPAIGN AREA CODE PHONE NUMBER EXTENSION					
	TREASURER PHONE	(903) 926-6413				
9	REPORT	X January 15	hadaa kata ahaa kata			
	TYPE		h day before election		Dissolution (Attach	
		U 31	day before election	n	10th day after camp termination	aign treasurer
			noff			
10	PERIOD	Month Day Year		Month Day	Year	
	COVERED	07/01/2024 TI	ROUGH	12/31/2024	1	
11	ELECTION	ELECTION DATE		ELECTION TYPE		
			imary		Other	
		11/05/2024	eneral	Special		
$\vdash$		II				
		GO <sup>-</sup>	O PAGE 2			
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2					

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	12 COMMITTEE NAME 13 Filer		13 Filer ID	(Ethics Commission Filers)
Harrison County Republican Women 0005			00055384	L
14 COMMITTEE 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	<b>L CONTRIBUTIONS</b> DGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,040.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,183.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	19,825.89
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
			. Rushing	Iror
		Signature of Car	npaign rreast	זובו
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offi	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

### FORM GPAC COVER SHEET PG 3 3 of 14

17 COMMITTEE NAME 18 Filer ID (			(Ethics Commission Filers)
Harrison (			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 11,040.00	
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 CORPORAL	TION 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. X	SCHEDULE E: LOANS		\$ 0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	<b>\$</b> 8,555.97
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		<b>\$</b> 627.40
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

**SUBTOTALS - GPAC** 

MONE	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE A1
The Instru	ction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/14
2 FILER NAME Harrison Co	unty Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00055384
4 Date 12/15/2024	12/15/2024 HARRISON COUNTY REPUBLICAN WOMEN 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$11,040.00
8 Principal occ	MARSHALL, TX 75670 upation / Job title (See Instructions) 9	Employer (See Instructions)	)

LOANS		SCHED	ULE E
The Instruction Guide explains how to complete this form.	-	iges Schedule E: 1 Rpt: 5/14	
2 FILER NAME Harrison County Republican Women	3 Filer ID 000553	(Ethics Commissio 384	on Filers)
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00
5 Date of loan 7 Name of lender out-of-state PAC (ID#:	)	9 Loan Amount (S	\$)
6     Is lender a     8     Lender address;     City;     State;     Zip Code       financial institution?     Institution     Institution     Institution     Institution		10 Interest Rate	
		<b>11</b> Maturity Date	
<b>12</b> Principal occupation / Job title (See Instructions) <b>13</b> Employer (See Instructions)	)		
14 Description of Collateral     15 Check if personal funds we       None	re deposited	into political accour (See Instructior)	
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guarar	nteed (\$)
not applicable <b>18</b> Guarantor address; City; State; Zip Code			
20 Principal occupation       21 Employer (See Instructions	)	1	

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Credit Card P dyment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/8 Rpt: 6/14	Harrison County Republican Women 00055384
4 Date	5 Payee name
10/23/2024	COX, PENNY
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$327.10	6376 US HWY 59 S.
Expenditure from corporate funds	MARSHALL, TX 75670
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	reimb for columbus day banquet
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/06/2024	COX, PENNY
Amount (\$)	Payee address; City; State; Zip Code
\$112.45	6376 US HWY 59 S.
Expenditure from corporate funds	MARSHALL, TX 75670
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Reimb for Program for Columbus banquet</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/17/2024	COX, PENNY
Amount (\$)	Payee address; City; State; Zip Code
\$42.20	6376 US HWY 59 S.
Expenditure from corporate funds	MARSHALL, TX 75670
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	reimb for refund membership sherry barnes plus postage and certified Check if Austin, TX, officeholder living expense reimb membership sherry barnes and certified mail
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 2/8 Rpt: 7/14	Harrison County Republican Women 00055384		
4 Date 07/02/2024	5 Payee name Childs, Zoe		
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 1527 N. Franklin St.		
Expenditure from corporate funds	Marshall, TX 75670		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Elysian Fields Scholorship</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense scholorship</li> </ul>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/24/2024	Davidson, Kathy		
Amount (\$) \$240.00	Payee address; City; State; Zip Code 309 Person Rd		
Expenditure from corporate funds	Marshall, TX 75672		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>HCRW t shirts</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
12/18/2024	Davidson, Kathy		
Amount (\$) \$45.00	Payee address; City; State; Zip Code 309 Person Rd		
Expenditure from corporate funds	Marshall, TX 75672		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>reimb for hcrw tshirts</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 8/14	Harrison County Republican Women	00055384
4 Date 07/26/2024	5 Payee name ELKS LODGE	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 411 E. AUSTIN	
Expenditure from corporate funds	MARSHALL, TX 75670	
8 PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense NGS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
10/18/2024	ELKS LODGE	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 411 E. AUSTIN	
Expenditure from corporate funds	MARSHALL, TX 75670	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense NGS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
12/13/2024	ELKS LODGE	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 411 E. AUSTIN	
Expenditure from corporate funds	MARSHALL, TX 75670	
PURPOSE OF EXPENDITURE		side of Texas. Complete Schedule T. X, officeholder living expense JS
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/8 Rpt: 9/14	Harrison County Republican Women 00055384
4 Date	5 Payee name
08/20/2024	Franks, Charlene (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	9740 Hwy 43N
Expenditure from corporate funds	Karnack, TX 75661
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>reimb for TFRW meeting</li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/17/2024	GOLDEN CARRAL
Amount (\$)	Payee address; City; State; Zip Code
\$1,725.00	5012 E. END BLVD.S
Expenditure from corporate funds	MARSHALL, TX 75672
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>food for Columbus Dinner Banquet</li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/13/2024	GOLDEN CARRAL
Amount (\$)	Payee address; City; State; Zip Code
\$503.64	5012 E. END BLVD.S
Expenditure from corporate funds	MARSHALL, TX 75672
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Dec meeting lunch</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)	
<b>1</b> Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)	
Sch: 5/8 Rpt: 10/14	Harrison County Republican Women	00055384	
4 Date 10/18/2024	5 Payee name JOSE TEQUILAS		
6 Amount (\$) \$440.00	<ul> <li>Payee address; City; State; Zip Code</li> <li>1205 E. END BLVD.</li> </ul>		
corporate funds	MARSHALL, TX 75671		
8 PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense for meeting	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
07/24/2024	Lawrence, Jaxon		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 402 Lawrence Rd		
Expenditure from corporate funds	Longview, TX 75602		
PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense Iorship Hallsville ISD	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
09/10/2024	MARSHALL CONVENTION CENTER		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2501 E. END BLVD.		
Expenditure from corporate funds	MARSHALL, TX 75670		
PURPOSE OF EXPENDITURE		ription neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense osit on rental for banquet	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees     Office Over       Food/Beverage Expense     Polling Exp       Gift/Awards/Memorials Expense     Printing Exp	bense Travel Out of District ages/Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 6/8 Rpt: 11/14	Harrison County Republican Women	00055384		
4 Date	Payee name	•		
09/10/2024	MARSHALL CONVENTION CENTER			
6 Amount (\$)	Payee address; City; State; Zip Coo	le		
\$275.00	2501 E. END BLVD.			
Expenditure from corporate funds	MARSHALL, TX 75670			
8 PURPOSE	A) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		columbus banquet equipment		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ht Office held		
Date	Payee name			
08/20/2024	PHILYAW, DONNA			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$100.00	373 PINE TREE TERACE			
Expenditure from corporate funds	MARSHALL, TX 75672			
PURPOSE OF EXPENDITURE	A) Category (See Categories listed at the top of this schedule) Travel In District	<ul> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>out of town meeting</li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office soug	ht Office held		
Date	Payee name			
07/24/2024	Robbins, Brenton			
Amount (\$)	Payee address; City; State; Zip Cod	le		
\$500.00	3446 Harkins Lane			
Expenditure from corporate funds	Marshall, TX 75672			
PURPOSE OF EXPENDITURE	a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Scholorship Marshall ISD		
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office souc	ht Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 7/8 Rpt: 12/14	Harrison County Republican Women 00055384			
4 Date	5 Payee name			
08/16/2024	The Spot			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$520.00	17000 SH 154			
Expenditure from corporate funds	Harleton, TX 75651			
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.			
EXPENDITORE	Check if Austin, TX, officeholder living expense			
	food for meeting			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/25/2024	VERA BANK			
Amount (\$)	Payee address; City; State; Zip Code			
\$52.00	P. O. BOX 1009			
Expenditure from corporate funds	HENDERSON, TX 75653-1009			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Printing Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>order of checks</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
07/25/2024	Warner, Haven			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	375 S Hearne St			
\$500.00				
Expenditure from corporate funds	Waskom, TX 75692			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Gift/Awards/Memorials Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Scholorship Waskom ISD</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held			

EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense I Fees G Food/Beverage Expense I y - Gift/Awards/Memorials Expense I	oan 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:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)								
Sch: 8/8 Rpt: 13/14	Harrison County Republican Women		00055384								
4 Date	5 Payee name										
11/15/2024	Wright On Tacos										
6 Amount (\$)	7 Payee address; City; State;	7 Payee address; City; State; Zip Code									
\$629.58	409 E Grand Avenue										
Expenditure from corporate funds	Marshall, TX 75670										
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Food/Beverage Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>food for meeting</li> </ul>										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought	Office held								
Date	Payee name										
07/26/2024	YALL'S PLACE CATERING										
Amount (\$)	Payee address; City; State;	Zip Code									
\$494.00	1372 MOXLEY GROCERY RD	F									
Expenditure from corporate funds	KARNACK, TX 75661										
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Food/Beverage Expense	Check if travel out	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense food for meeting								
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ice sought	Office held								

	EXPENDITORE	5 MADE	BIU		<b>U</b>			SCHE	DUL	₌ F4		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Of Food/Beverage Expense Pr g - Gift/Awards/Memorials Expense Pr			Loan Repayme Office Overhead Polling Expense Printing Expense Salaries/Wages	nt/Reimbursement d/Rental Expense e ie //Contract Labor	Transportation Travel in Dis Travel Out o	licitation/Fundraising Expense ansportation Equipment & Related Expense avel in District avel Out of District THER (enter a category not listed above)				
1	Total pages Schedule F4:			3 File	<b>3</b> Filer ID (Ethics Commission Filers)							
	Sch: 1/1 Rpt: 14/14			epublican Women		00055384						
4	-		e of fina	ncial institution Bank	EXP	AL OF UNITEMIZE ENDITURES RGED TO A CREE D	\$	\$				
6	Expenditure from corporate funds	(a) Amount Char \$20.20	ged	(b) Date of Charge 12/17/2024	(c) Date	e(s) Credit Card Iss	uer Paid					
7	PAYEE	<ul> <li>(a) Payee name</li> <li>Texas Federation of Republican</li> <li>(a) Category</li> <li>(See Categories listed at the top of this schedule)</li> <li>Fees</li> </ul>			13740	ee address; N Hwy 183 Ste J	City, J4	S	State,	Zip Code		
8	PURPOSE OF EXPENDITURE				(b) Des	Austin, TX 78750 (b) Description one time fee						
	Non-Political	(C) Check if trav	el outside	of Texas. Complete Schedule	е Т.	Check if Austin,	TX, officehold	er living expense	è			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder	name C	Office sought		Office	e held				
	PAYMENT Expenditure from corporate funds	(a) Amount Char \$607.20	ged	(b) Date of Charge 12/17/2024	(c) Date	e(s) Credit Card Iss	uer Paid					
	PAYEE	(a) Payee name Texas Federation of Republican			( ) )	ee address; N Hwy 183 Ste 、	City, J4	S	State,	Zip Code		
					Austin	, TX 78750						
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees			(b) Des Memb	cription erships						
Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if A							TX, officehold	er living expense	9			
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Offic	eholder	name C	Office sought		Office	e held				

**EXPENDITURES MADE BY CREDIT CARD**