#### 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) 00055443 3 COMMITTEE NAME **OFFICE USE ONLY** Fannin County Republican Women Date Received **ELECTRONICALLY FILED** 01/08/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 712 Date Hand-delivered or Date Postmarked Change of Address Bonham, TX 75418 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Iris NAME NICKNAME LAST **SUFFIX** Paul STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1611 County Road 2605 STREET **ADDRESS** (Residence or Business) Bonham, TX 75418 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1611 County Road 2605 MAILING **ADDRESS** Bonham, TX 75418 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 514-3059 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** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	13 Filer ID (Ethics Commission Filers)			
Fannin County Republican Women			00055443	
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		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed		
		B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  x check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,135.33
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,733.16
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	1,329.99
	4. TOTAL POLITICA	L EXPENDITURES	\$	5,386.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	6,306.34
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mrs. I	ris Paul	
		Signature of Ca	mpaign Treasure	er
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

## **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					3 of 9		
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Commission	n Filers)		
l	Fannin County Republican Women 00055443						
	19 SCHEDULE SUBTOTALS						
l		SCHEDULE		SUBTOTAL A	AMOUNT		
INA	IVIE OF						
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,733.16		
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.	7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION						
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$			
9. SCHEDULE E: LOANS		\$					
10.	10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	5,386.44			
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$				
13.	13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$				
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDUL	.E <b>А1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9		
2	FILER NAME Fannin Cour	nty Republican Women		3	Filer ID (Ethics Commission 00055443	on Filers)
4	4 Date 07/02/2024  5 Full name of contributor out-of-state PAC (ID#:)  Kwinuwon, Agnes  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$172.00	
		Bonham, TX 75418				
8	Principal occu Nurse	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Kwinuwon, Agnes Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$395.83
		Bonham, TX 75418				
	Principal occu Nurse	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 11/20/2024	Full name of contributor out-of-state PAC (ID#:_ Kwinuwon, Agnes Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Delicalis al access	Bonham, TX 75418	Faralassa (Ossalasstantians	<u></u>		
	Nurse	ipation / Job title (See Instructions)	Employer (See Instructions	5)		

# 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 Con

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

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

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense extenses and listed choice)

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: 1/5 Rpt: 5/9	Fannin County Republican Women 00055443
4 Date	5 Payee name
12/14/2024	Bonham Best Storage
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$825.00	2614 N Center St.
Expenditure from corporate funds	Bonham, TX 75418
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
	Storage unit
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
08/28/2024	Fannin County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 83
Expenditure from corporate funds	Randolph, TX 75475
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Donation Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
07/02/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy
	Suite 133
Expenditure from corporate funds	Austin, TX 78746
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.
	Check if Austin, TX, officeholder living expense
	Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

# 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 Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	/Contract Labor		OTHER (enter a	a category not listed a	bove)
		The Instruction Guide	explains now to co	mpie	ete tnis form.	_			
1 Total pages Schedule F1:	1					3	Filer ID	(Ethics Commis	sion Filers)
Sch: 2/5 Rpt: 6/9	Fannin Co	ınty Republican Woı	men				00055443		
4 Date	5 Payee name								
11/05/2024	TFRW								
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
\$250.00	1 1	l of TX Hwy	, ,						
,=====	Suite 133								
Expenditure from		70746							
corporate funds	Austin, TX								
8 PURPOSE OF	(a) Category (s	see Categories listed at the top	of this schedule)	(b)	Description				
EXPENDITURE	Fees				<b>=</b>		ide of Texas. Cor , officeholder livin	nplete Schedule T.	
					Membership			y expense	
					Weinbereinp		00		
Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıaht			Office h	old	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		icenoider name	Office sou	ıgnı			Office h	leiu	
·									
Date	Payee name								
11/01/2024	TFRW								
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
\$300.00	515 Capita	l of TX Hwy							
	Suite 133								
Expenditure from corporate funds	Austin, TX	78746							
PURPOSE				(h)	Description				
OF		see Categories listed at the top	of this schedule)	(0)	Description  Check if travel	outsi	ide of Texas, Cor	nplete Schedule T.	
EXPENDITURE	Fees				<b>=</b>		, officeholder livin		
					Silver Patron	Me	embership		
Complete ONLY if direct	Candidate/Of	iceholder name	Office sou	ıght			Office h	eld	
expenditure to benefit C/OI	H			•					
Data									
Date	Payee name	!							
09/06/2024	TFRW								
Amount (\$)	Payee addre	· ·	State; Zip Co	ode					
\$395.83	515 Capita	l of TX Hwy							
Evpanditura from	Suite 133								
Expenditure from corporate funds	Austin, TX	78746							
PURPOSE	(a) Category (s	iee Categories listed at the top	of this schedule)	(b)	Description				
OF	Event Expe		of this schedule)	l` <i>′</i>		outs	ide of Texas. Cor	nplete Schedule T.	
EXPENDITURE					Check if Austin	, TX	, officeholder livin	g expense	
					Tribute to Wo	me	en event		
				L					
Complete ONLY if direct		iceholder name	Office sou	ight			Office h	eld	
expenditure to benefit C/OI	H								

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

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:	<u> </u>
Sch: 3/5 Rpt: 7/9	Fannin County Republican Women 00055443
4 Date	5 Payee name
09/30/2024	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$98.96	515 Capital of TX Hwy
	Suite 133
Expenditure from	Austin, TX 78746
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Tribute to Women event
	Thousand to Tronton over
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/12/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$333.33	515 Capital of TX Hwy
	Suite 133
Expenditure from	Austin, TX 78746
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Tribute to Women event
	Thouse to Women event
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>v</b>
Date	Payee name
08/31/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$83.33	515 Capital of TX Hwy
	Suite 133
Expenditure from corporate funds	Austin, TX 78746
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Toyas, Complete Schedule Toyas, Comp
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Tribute to Women event
	sate to 11011011 over
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>
•	

# 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

Event Expense 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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 8/9	Fannin County Republican Women 00055443
4 Date	5 Payee name
11/01/2024	TFRW
6 Amount (\$) \$50.00  Expenditure from corporate funds	7 Payee address; City; State; Zip Code 515 Capital of TX Hwy Suite 133 Austin, TX 78746
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  TFRW State Scholarship
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/01/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy
= 20 0 0 0 0	Suite 133
Expenditure from corporate funds	Austin, TX 78746
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
	Membership dues
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/04/2024	TFRW
Amount (\$) \$495.00  Expenditure from corporate funds	Payee address; City; State; Zip Code 515 Capital of TX Hwy Suite 133 Austin, TX 78746
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.  Check if Austin, TX, officeholder living expense
	Membership dues
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### 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	Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District 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:	
Sch: 5/5 Rpt: 9/9	Fannin County Republican Women 00055443
4 Date 12/05/2024	5 Payee name TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$175.00	515 Capital of TX Hwy
Expenditure from	Suite 133
corporate funds	Austin, TX 78746
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.  Check if Austin, TX, officeholder living expense
	Membership Dues
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held