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** 07/09/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 712 Date Hand-delivered or Date Postmarked 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** 2406 Village Circle Dr 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 **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 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 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 NAM	<u></u> IE	13 Filer ID	(Ethics Commission Filers)
Fannin County R	epublican Women	0005544	3
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.) B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)		
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold.	\$	3,267.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	DF LOANS)	5,422.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	1,521.12
	4. TOTAL POLITICAL EXPENDITURES	\$	3,708.74
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS CONTRIBUTIO	OF THE LAST DAY \$	8,019.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LO LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$	0.00
16 AFFIDAVIT	<u> </u>	•	
		r penalty of perjury, that the cludes all information requir Code.	
		Mrs. Iris Paul	
	Si	gnature of Campaign Treas	surer
AFFIX N	OTARY STAMP / SEAL ABOVE		
	scribed before me, by the said		day
of	, 20, to certify which, witness my hand and seal of of	fice.	
- Signature of o	ficer administering oath Printed name of officer administering	ooth Titlo of of	ficer administering oath
Signature of the	rinited fidure of officer administering	oaur riue or or	ncer auministently valit

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

3 of 12						
17 COMMITTI	(Ethics Commission Filers)					
Fannin County Republican Women 00055443						
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,422.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	OR	\$			
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$			
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$			
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$			
9. SCHEDULE E: LOANS		\$				
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 3,708.74				
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS					
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$			
14.	14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS					
15.	15. 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: 1/2 Rpt: 4/12		
2	FILER NAME Fannin County Republican Women		3	Filer ID (Ethics Commission 00055443	n Filers)		
4	Date 05/06/2025	Date 5 Full name of contributor out-of-state PAC (ID#:)		7	Amount of Contribution (\$)	\$325.00	
_	<u> </u>	Bonham, TX 75418	la.		<u></u>		
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/04/2025	Skotnik, John	PAC (ID#:)		Amount of Contribution (\$)	\$800.00
	Principal occu	Bonham, TX 75418 pation / Job title (See Instructions)		Employer (See Instructions	i)		
	District Attor			Fannin County	,		
	Date Full name of contributor out-of-state PAC (ID#:) 02/04/2025 Walker, Karen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00	
		Bonham, TX 75418					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 04/15/2025	Walker, Karen	PAC (ID#:)		Amount of Contribution (\$)	\$240.00
	Principal occupation / Job title (See Instructions) retired Employer (See Instructions)		5)				
	Date 03/04/2025 Full name of contributor out-of-state PAC (ID#:) York, Lisa Contributor address; City; State; Zip Code Wolfe City, TX 78496			Amount of Contribution (\$)	\$650.00		
	Principal occu Counselor	pation / Job title (See Instructions)		Employer (See Instructions Bonham ISD	5)		
			1				

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/12 2 FILER NAME Fannin County Republican Women 3 Filer ID (Ethics Commis 00055443 4 Date 03/04/2025 4 Oate 03/04/2025 6 Contributor address; City; State; Zip Code Wolfe City, TX 78496 8 Principal occupation / Job title (See Instructions) Bonham ISD Date 05/06/2025 Date Full name of contributor out-of-state PAC (ID#:	ULE A1
Fannin County Republican Women 00055443 4 Date 03/04/2025	
4 Date 03/04/2025 5 Full name of contributor	sion Filers)
8 Principal occupation / Job title (See Instructions) Counselor Date 05/06/2025 Full name of contributor O5/06/2025 Full name of contributor O5/06/2025 York, Lisa 9 Employer (See Instructions) Bonham ISD Amount of Contribution (\$	\$20.00
Counselor Bonham ISD Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$ 05/06/2025 York, Lisa	
05/06/2025 York, Lisa	
Contributor address; City; State; Zip Code	\$100.00
Wolfe City, TX 78496	
Principal occupation / Job title (See Instructions) Counselor Employer (See Instructions) Bonham ISD	

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

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: 1/7 Rpt: 6/12	Fannin County Republican Women 00055443		
4 Date	5 Payee name		
01/02/2025	First United Methodist Church		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$50.00	215 2nd. Ave.		
- Evnanditura from			
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		
	Meeting Rental		
O Complete CNU V if all	Condidate/Officeholder name		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
,			
Date	Payee name		
02/05/2025	First United Methodist Church		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	215 2nd. Ave.		
Expenditure from corporate funds	Bonham, TX 75418		
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 Meeting Rental		
	Wiccumg Northan		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/Ol			
Date	Payee name		
03/11/2025	First United Methodist Church		
Amount (\$)	Payee address; City; State; Zip Code		
\$50.00	215 2nd. Ave.		
Expenditure from corporate funds	Bonham, TX 75418		
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 Meeting Rental		
	wiccumg Northan		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			

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

Candidate/Officenoider/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: 2/7 Rpt: 7/12	Fannin County Republican Women 00055443
4 Date	5 Payee name
05/10/2025	First United Methodist Church
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	215 2nd. Ave.
Expenditure from corporate funds	Bonham, TX 75418
8 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
	Meeting Rental
	mooning its item.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Data	
Date	Payee name
04/08/2025	First United Methodist Church
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	215 2nd. Ave.
Expenditure from	
corporate funds	Bonham, TX 75418
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
	Meeting Rental
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
06/17/2025	First United Methodist Church
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	215 2nd. Ave.
— Foresaditus from	
Expenditure from corporate funds	Bonham, TX 75418
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Meeting rental
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to bettern 6/01	<u> </u>

SCHEDULE F1

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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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:			
Sch: 3/7 Rpt: 8/12	Fannin County Republican Women 00055443		
4 Date	5 Payee name		
06/17/2025	Gove, Debbie (Mrs.)		
6 Amount (\$) \$101.72	7 Payee address; City; State; Zip Code 3106 Ridge Rd.		
·	, and the second se		
Expenditure from corporate funds	Bonham, TX 75418		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Event Expense		
	Check if Austin, TX, officeholder living expense		
	Reimburse TFRW Convention		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/Ol			
Date	Payee name		
04/08/2025	Gove, Debbie (Mrs.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$110.00	3106 Ridge Rd.		
- Evenanditura from			
Expenditure from corporate funds	Bonham, TX 75418		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Gift/Awards/Memorials Expense		
_/	Check if Austin, TX, officeholder living expense		
	Speaker Plaques		
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/Ol	· ·		
Date	Payee name		
06/17/2025	Gove, Debbie (Mrs.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$100.00	3106 Ridge Rd.		
Expenditure from corporate funds	Bonham, TX 75418		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	Speaker Plaques		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 4/7 Rpt: 9/12	Fannin County Republican Women 00055443			
4 Date	5 Payee name			
01/04/2025	TFRW			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$175.00	515 Capital of TX Hwy			
	Suite 133			
Expenditure from corporate funds	Austin, TX 78746			
8 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			
	Dues			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
02/05/2025	TERW			
Amount (\$)	Payee address; City; State; Zip Code			
\$500.00	515 Capital of TX Hwy			
Ψ000.00	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			
	Dues			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				
Date	Payee name			
02/11/2025	TFRW			
Amount (\$)	Payee address; City; State; Zip Code			
\$75.00	515 Capital of TX Hwy			
Ψ13.00				
Expenditure from	Suite 133			
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			
	Dues			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH			

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment	Al 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: 5/7 Rpt: 10/12	Fannin County Republican Women 00055443
4 Date	5 Payee name
03/04/2025	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$125.00	515 Capital of TX Hwy
	Suite 133
Expenditure from corporate funds	Austin, TX 78746
8 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
	Dues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H end of the second of the sec
Date	Payee name
04/21/2025	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.00	515 Capital of TX Hwy
Ψ20.00	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
	Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payes name
05/16/2025	Payee name TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$50.00	515 Capital of TX Hwy
Expenditure from	Suite 133
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
	Dues
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 6/7 Rpt: 11/12	2 FILER NAME Fannin County Republican Women 3 Filer ID (Ethics Commission Filers) 00055443
4	Date 05/19/2025	5 Payee name TFRW
8	Amount (\$) \$25.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 515 Capital of TX Hwy Suite 133 Austin, TX 78746 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 05/27/2025	Payee name TFRW
	Amount (\$) \$25.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee address; City; State; Zip Code 515 Capital of TX Hwy Suite 133 Austin, TX 78746 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 06/15/2025	Payee name TFRW
	Amount (\$) \$50.60 Expenditure from corporate funds	Payee address; City; State; Zip Code 515 Capital of TX Hwy Suite 133 Austin, TX 78746
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wa	ges/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 7/7 Rpt: 12/12	Fannin County Republican Women	00055443
4 Date	5 Payee name	
06/15/2025	TFRW	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$25.30	515 Capital of TX Hwy	
,	Suite 133	
Expenditure from		
corporate funds	Austin, TX 78746	
8 PURPOSE OF	, , ,	b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dues
		Bucs
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O		
Date	Payee name	
06/08/2025	Texas Tech University	
	·	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$500.00	2500 Broadway	
Expenditure from		
corporate funds	Lubbock, TX 79409	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		Scholarship Award
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
experience to believe eye		