#### 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) 00056258 3 COMMITTEE NAME **OFFICE USE ONLY** Parker County Republican Women Date Received **ELECTRONICALLY FILED** 07/15/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 283 Date Hand-delivered or Date Postmarked Change of Address Weatherford, TX 76086 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Allison M. NAME NICKNAME LAST **SUFFIX Bedore** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 120 East Simmons Street suite 102 STREET **ADDRESS** Suite 102 (Residence or Business) weatherford, TX 76086 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 120 East Simmons Street suite 102 MAILING **ADDRESS** weatherford, TX 76086 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 599-5588 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** 01/01/2025 **THROUGH** 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 NAME   |  |   | 13 Filer ID     | (Ethics Commission Filers) |
|---|--|---|-----------------|----------------------------|
| Parker County Republic  | can Women  |   | 00056258        |                            |
| 14 COMMITTEE<br>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  |                 |                            |
|   |  | э. орросод  |                 |                            |
|   | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) |   |                 |                            |
| 15 CONTRIBUTION<br>TOTALS   | PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report                       | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$              | 3,635.00                   |
|   | 2. TOTAL POLITICA (OTHER THAN PLE  | L CONTRIBUTIONS<br>DGES, LOANS, OR GUARANTEES OF LOANS)   | \$              | 4,235.00                   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED  | POLITICAL EXPENDITURES  | \$              | 0.00                       |
|   | 4. TOTAL POLITICA  | L EXPENDITURES  | \$              | 379.50                     |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL (<br>OF THE REPORTING   | CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>G PERIOD   | DAY \$          | 9,459.03                   |
| OUTSTANDING<br>LOAN TOTALS  |  | AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>REPORTING PERIOD   | THE \$          | 0.00                       |
| 16 AFFIDAVIT  |  |   | <u> </u>        |                            |
|   |  | I swear, or affirm, under penalty of pe<br>true and correct and includes all infor<br>under Title 15, Election Code.                |                 |                            |
|   |  | Mrs. Alliso   | n M. Bedore     |                            |
|   |  | Signature of Car  | mpaign Treasure | er                         |
| AFFIX NOTARY  | STAMP / SEAL ABOVE   |   |                 |                            |
| Sworn to and subscribed   | I before me, by the said   | , tł  | nis the         | day                        |
|   |  | which, witness my hand and seal of office.  |                 |                            |
|   |  |   |                 |                            |
| Signature of officer ac   | lministering oath  | Printed name of officer administering oath  | Title of office | er administering oath      |

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

3 of 18

| = NAME   |  |   |  |
|--|--|---|--|
| E NAME   | 18 Filer ID  | (Ethics Commis  | sion Filers)   |
| unty Republican Women  | 00056258   |   |  |
| SUBTOTALS<br>CHEDULE   |  | SUBTOTA   | L AMOUNT   |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |  | \$  | 4,235.00   |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            |  | \$  | 0.00   |
| SCHEDULE B: PLEDGED CONTRIBUTIONS  |  | \$  | 0.00   |
| SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO<br>ORGANIZATION           | PR   | \$  |  |
| SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION       | ATION OR   | \$  |  |
| 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            |  |   |  |
| SCHEDULE E: LOANS  |  | \$  | 0.00   |
| SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                       | 6  | \$  | 379.50   |
| SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   |  | \$  | 0.00   |
| 12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                |  |   | 0.00   |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  |  | \$  | 0.00   |
| SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION                     | ONS  | \$  | 6,484.56   |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  |   |  |
|  | SUBTOTALS CHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION  SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS | SUBTOTALS CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED | SUBTOTALS CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  \$ SCHEDULE B: PLEDGED CONTRIBUTIONS  \$ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  \$ SCHEDULE E: LOANS  \$ SCHEDULE E: LOANS  \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  \$ SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTIONS  \$ SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS RETURNED |

|   | MONETARY POLITICAL CONTRIBUTIONS  |   |  |   | SCHEDULE A                                     |                             |         |
|---|---|---|--|---|--|-----------------------------|---------|
|   | The Instruction Guide explains how to complete this form.   |   |  | 1                                       | Total pages Schedule A1:<br>Sch: 1/5 Rpt: 4/18 |                             |         |
| 2 | FILER NAME  | t. Danielia a Managa  |  |   | 3  | Filer ID (Ethics Commission | Filers) |
| _ |   | ty Republican Women   |  |   | _  | 00056258                    |         |
| 4 | Date 5 Full name of contributor out-of-state PAC (ID#:) 7 05/15/2025 Bedore, Allison 6 Contributor address; City; State; Zip Code                   |   | 7  | Amount of Contribution (\$)             | \$20.00  |                             |         |
|   |   | Weatherford, TX 76086   | la.  |   |  |                             |         |
| 8 | Principal occu<br>attorney  | pation / Job title (See Instructions)   | 9  | Employer (See Instructions self         | )  |                             |         |
|   | Date<br>03/20/2025  | Full name of contributor out-of-state PAC (ID#:)  Bedore, Allison  Contributor address; City; State; Zip Code |  |   | Amount of Contribution (\$)                    | \$20.00                     |         |
|   |   | Weatherford, TX 76086   | <u>,                                      </u> |   |  |                             |         |
|   | attorney  | pation / Job title (See Instructions)   |  | Employer (See Instructions self         | )  |                             |         |
|   | Date 01/16/2025   | Full name of contributor Brownlee, Belle Contributor address; City; State;                                    | out-of-state PAC (ID#:                         | )                                       |  | Amount of Contribution (\$) | \$20.00 |
|   |   | Millsap, TX 76066   |  |   |  |                             |         |
|   | Principal occu<br>retired   | pation / Job title (See Instructions)   |  | Employer (See Instructions retired      | )  |                             |         |
|   | Date<br>01/16/2025  | ate Full name of contributor out-of-state PAC (ID#:)  |  |   | Amount of Contribution (\$)                    | \$20.00                     |         |
|   | Principal occu<br>Operations N  | pation / Job title (See Instructions)   |  | Employer (See Instructions Lawn Service | )  |                             |         |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/19/2025 Flanagin, Judy  Contributor address; City; State; Zip Code  Weatherford, TX 76086 |   |  | Amount of Contribution (\$)             | \$20.00  |                             |         |
|   | Principal occu<br>District Direc  | pation / Job title (See Instructions)<br>tor  |  | Employer (See Instructions<br>Phil King | )  |                             |         |
|   |   |   |  |   |  |                             |         |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |   |                             |                                     |          | SCHEDULI                                       | .E <b>A1</b> |  |
|---|--|---|---|-----------------------------|-------------------------------------|----------|--|--------------|--|
|   | The Instruc  | ction Guide explains how  | to complete this for                    | rm                          |                                     | 1        | Total pages Schedule A1:<br>Sch: 2/5 Rpt: 5/18 |              |  |
| 2 | FILER NAME<br>Parker Coun  | ty Republican Women   |   |                             |                                     | 3        | Filer ID (Ethics Commission 00056258           | ı Filers)    |  |
| 4 | Date<br>05/15/2025   | <ul><li>5 Full name of contributor</li><li>Flanagin, Judy</li><li>6 Contributor address; City; St</li></ul> | out-of-state PAC (ID#:<br>ate; Zip Code |                             |                                     | 7        | Amount of Contribution (\$)                    | \$20.00      |  |
| 8 | Principal occur  | Weatherford, TX 76086 pation / Job title (See Instructions  | ) <u>la</u>                             | ) F                         | imployer (See Instructions          |          |  |              |  |
|   | District Direc   |   | ,                                       |                             | Phil King                           | ')       |  |              |  |
|   | Date<br>04/17/2025   | Full name of contributor Gilkinson, Stacie Contributor address; City; St                                    | out-of-state PAC (ID#:<br>ate; Zip Code |                             |                                     |          | Amount of Contribution (\$)                    | \$20.00      |  |
|   | Principal occu   | Millsap, TX 76066 pation / Job title (See Instructions  | )                                       | E                           | imployer (See Instructions          | <u> </u> |  |              |  |
|   | unknown  |   |   | u                           | nknown                              |          |  |              |  |
|   | Date<br>02/20/2025   | Full name of contributor Gilkinson, Stacie Contributor address; City; St                                    | out-of-state PAC (ID#:<br>ate; Zip Code |                             |                                     |          | Amount of Contribution (\$)                    | \$20.00      |  |
|   |  | Millsap, TX 76066   |   |                             |                                     |          |  |              |  |
|   | Principal occu<br>unknown  | pation / Job title (See Instructions  | )                                       |                             | mployer (See Instructions<br>nknown | 5)       |  |              |  |
|   | Date Full name of contributor out-of-state PAC (ID#:) 01/16/2025 Gilkinson, Stacie  Contributor address; City; State; Zip Code  Millsap, TX 76066              |   |   | Amount of Contribution (\$) | \$20.00                             |          |  |              |  |
|   | Principal occu<br>unknown  | pation / Job title (See Instructions  |   |                             | mployer (See Instructions           | 5)       |  |              |  |
|   | Date Full name of contributor out-of-state PAC (ID#:)  04/17/2025 Gilliland, Sharena (Mrs.)  Contributor address; City; State; Zip Code  Willow Park, TX 76087 |   |   | Amount of Contribution (\$) | \$70.00                             |          |  |              |  |
|   |  | pation / Job title (See Instructions  | )                                       |                             | imployer (See Instructions          | 5)       |  |              |  |
|   | Attorney/ Dis  | MICH CICIK  | <u> </u>                                |                             | earker County                       |          |  |              |  |

|   | MONETARY POLITICAL CONTRIBUTIONS   |   |  | SCHEDULE A                                       | A1    |  |
|---|--|---|--|--|-------|--|
|   | The Instruction Guide explains how to complete this form.  |   |  | 1 Total pages Schedule A1:<br>Sch: 3/5 Rpt: 6/18 |       |  |
| 2 | FILER NAME   |   |  | 3 Filer ID (Ethics Commission File               | rs)   |  |
|   |  | ty Republican Women   |  | 00056258   |       |  |
| 4 | Date  5 Full name of contributor out-of-state PAC (ID#:)  7 04/17/2025 Green, Peggy  6 Contributor address; City; State; Zip Code        |   | 7 Amount of Contribution (\$) \$             | 20.00  |       |  |
|   | Dringing Lagran  | unknown, TX 00000   | D. Employer (Coo Instruction                 |  |       |  |
| 8 | unknown  | pation / Job title (See Instructions)   | 9 Employer (See Instructions unknown         |  |       |  |
|   | Date<br>01/16/2025   | L/16/2025 Hobson, Brett  Contributor address; City; State; Zip Code   |  | Amount of Contribution (\$) \$                   | 40.00 |  |
|   | Principal occu   | Weatherford, TX 76088 pation / Job title (See Instructions)   | Employer (See Instructions                   | one)   |       |  |
|   | Self   | oation 7 300 title (See instructions)   | Self   | (פווט)   |       |  |
|   | Date 04/17/2025  | Full name of contributor out-of-state PAC (ID# Polk, Kelly  Contributor address; City; State; Zip Code                              | <u>;                                    </u> | Amount of Contribution (\$) \$                   | 20.00 |  |
|   |  | weatherford, TX 76088   |  |  |       |  |
|   | Principal occu<br>stylist  | pation / Job title (See Instructions)   | Employer (See Instructions self              | ons)   |       |  |
|   | Date Full name of contributor out-of-state PAC (ID#:) Prater, Patricia Contributor address; City; State; Zip Code  Weatherford, TX 76088 |   | Amount of Contribution (\$)                  | 50.00  |       |  |
|   | Principal occu<br>self   | pation / Job title (See Instructions)   | Employer (See Instructions self              | ons)   |       |  |
|   | Date<br>01/16/2025   | Full name of contributor out-of-state PAC (ID# Schwarzbach, Jennifer  Contributor address; City; State; Zip Code  Houston, TX 77074 | <u>;                                    </u> | Amount of Contribution (\$) \$                   | 20.00 |  |
|   | Principal occu<br>unknown  | pation / Job title (See Instructions)   | Employer (See Instructions unknown           | ons)   |       |  |
|   |  |   |  |  |       |  |

|   | MONETARY POLITICAL CONTRIBUTIONS  |  |                         |                                      |  | E <b>A1</b>                 |           |
|---|---|--|-------------------------|--------------------------------------|--|-----------------------------|-----------|
|   | The Instruction Guide explains how to complete this form.   |  |                         | 1                                    | Total pages Schedule A1:<br>Sch: 4/5 Rpt: 7/18 |                             |           |
| 2 | FILER NAME  |  |                         |                                      | 3  | Filer ID (Ethics Commission | r Filers) |
|   | Parker Coun   | ty Republican Women  |                         |                                      |  | 00056258                    |           |
| 4 | Date  5 Full name of contributor out-of-state PAC (ID#:)  7 05/15/2025 Sebik, JII  6 Contributor address; City; State; Zip Code |  | 7                       | Amount of Contribution (\$)          | \$20.00  |                             |           |
|   |   | Springtown, TX 76082   |                         |                                      |  |                             |           |
| 8 | Principal occu<br>loan officer  | pation / Job title (See Instructions   | 6)                      | 9 Employer (See Instructions NewRez  | s)   |                             |           |
|   | Date<br>06/19/2025  | Full name of contributor out-of-state PAC (ID#:)  Sebik, JII  Contributor address; City; State; Zip Code |                         | •                                    | Amount of Contribution (\$)                    | \$20.00                     |           |
|   |   | Springtown, TX 76082   |                         |                                      |  |                             |           |
|   | Principal occu<br>loan officer  | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions<br>NewRez | s)   |                             |           |
|   | Date<br>01/16/2025  | Full name of contributor Tabner, Debbie Contributor address; City; S                                     | out-of-state PAC (ID#:_ | )                                    | •  | Amount of Contribution (\$) | \$20.00   |
|   |   | Millsap, TX 76066  |                         |                                      |  |                             |           |
|   | •   | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions           | 5)   |                             |           |
|   | housewife   |  |                         | none                                 |  |                             |           |
|   | Date Full name of contributor out-of-state PAC (ID#:)  06/19/2025 barnett, darrell  Contributor address; City; State; Zip Code  |  | •                       | Amount of Contribution (\$)          | \$20.00  |                             |           |
|   |   | Springtown, TX 76082   |                         |                                      |  |                             |           |
|   | Principal occu<br>unknown   | pation / Job title (See Instructions   | 5)                      | Employer (See Instructions unknown   | 5)   |                             |           |
|   | Date<br>02/20/2025  |  |                         | •                                    | Amount of Contribution (\$)                    | \$20.00                     |           |
|   |   | millsap, TX 76066  |                         |                                      |  |                             |           |
|   | Principal occu<br>executive as  | pation / Job title (See Instructions sistant   | s)<br>                  | Employer (See Instructions self      | 5)   |                             |           |
|   |   |  |                         |                                      |  |                             |           |

|  | MONET   | ARY POLITICAL CONTRIBUTION  | SCHEDULE A                                     |                             |  |         |
|--|---|---|--|-----------------------------|--|---------|
|  | The Instru  | ction Guide explains how to complete this f   | orm.   | 1                           | Total pages Schedule A1:<br>Sch: 5/5 Rpt: 8/18 |         |
| 2  | FILER NAME<br>Parker Coun   | ity Republican Women  |  | 3                           | Filer ID (Ethics Commission 00056258           | Filers) |
| 4  | Date 03/20/2025   | <ul> <li>Full name of contributor  out-of-state PAC (ID#:_kelley, mike</li> <li>Contributor address; City; State; Zip Code</li> </ul> | mike   |                             | Amount of Contribution (\$)                    | \$20.00 |
| _  |   | springtown, TX 76082  | 10 - 1 (0 1 1 1                                |                             |  |         |
| 8  | retired   | pation / Job title (See Instructions)   | Employer (See Instructions retired             | )                           |  |         |
| Date Full name of contributor out-of-state PAC (ID#:)  02/20/2025 payne, crystal  Contributor address; City; State; Zip Code |   |   | Amount of Contribution (\$)                    | \$20.00                     |  |         |
|  |   | Fort Worth, TX 76135  |  |                             |  |         |
|  | Principal occu<br>unknown   | pation / Job title (See Instructions)   | Employer (See Instructions unknown             | )                           |  |         |
|  | Date Full name of contributor out-of-state PAC (ID#:)  02/20/2025 pyle, esmeralda  Contributor address; City; State; Zip Code |   |  | Amount of Contribution (\$) | \$40.00  |         |
|  |   | Weatherford, TX 76087   |  |                             |  |         |
|  | Principal occu<br>self  | pation / Job title (See Instructions)   | Employer (See Instructions self                | )                           |  |         |
|  | Date<br>06/19/2025  | Full name of contributor out-of-state PAC (ID#:_seiler, ashley  Contributor address; City; State; Zip Code  Weatherford, TX 76086     |  |                             | Amount of Contribution (\$)                    | \$20.00 |
|  |   | pation / Job title (See Instructions) conomic development   | Employer (See Instructions city of Weatherford | )                           |  |         |
|  |   |   |  |                             |  |         |

| PLEDGED CONTRIBUTIONS  | SCHEDULE B   |
|--|--|
| The Instruction Guide explains how to complete this form.              | 1 Total pages Schedule B:<br>Sch: 1/1 Rpt: 9/18        |
| 2 FILER NAME Parker County Republican Women                            | 3 Filer ID (Ethics Commission Filers) 00056258         |
| 4 TOTAL OF UNITEMIZED PLEDGES  | \$ 0.00  |
| 5 Date 6 Full name of pledgorout-of-state PAC (ID#:                    | 9 In-kind description pledge (\$) (If applicable)      |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (Se | Check if travel outside of Texas. Complete Schedule T. |
|  |  |

|    | LOANS                              |                                   |                 |                      |              |                 | SCH                             | EDULE E       |
|----|------------------------------------|-----------------------------------|-----------------|----------------------|--------------|-----------------|---------------------------------|---------------|
|    | The Instructio                     | on Guide explains how to co       | omplete this f  | orm.                 | 1            |                 | ges Schedule E:<br>1 Rpt: 10/18 |               |
| 2  | FILER NAME Parker County R         | Republican Women                  |                 |                      | 3            | Filer ID 000562 | (Ethics Commi                   | ssion Filers) |
| 4  | TOTAL OF UN                        | IITEMIZED LOANS                   |                 |                      | I            |                 | \$                              | 0.00          |
| 5  | Date of loan                       | 7 Name of lender                  | out-of-state PA | C (ID#:              |              | )               | 9 Loan Amou                     | nt (\$)       |
| 6  | Is lender a financial institution? | 8 Lender address; City;           | State;          | Zip Code             |              |                 | 10 Interest Rat                 | e             |
|    |                                    |                                   |                 |                      |              |                 | 11 Maturity Da                  | te            |
| 12 | Principal occupation               | on / Job title (See Instructions) |                 | 13 Employer (See In: | structions)  |                 |                                 |               |
| 14 | Description of Coll                | lateral                           |                 | 15 Check if personal | funds were o | deposited       | into political acc              |               |
| 16 | GUARANTOR<br>INFORMATION           | 17 Name of guarantor              |                 | <u> </u>             |              |                 | 19 Amount Gua                   | aranteed (\$) |
|    | not applicable                     | 18 Guarantor address; City;       | State;          | Zip Code             |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
| 20 | Principal occupation               | on                                |                 | 21 Employer (See In: | structions)  |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |
|    |                                    |                                   |                 |                      |              |                 |                                 |               |

#### 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
OTHER (enter a category not listed above)

| Candidate/Officeholder/Politica<br>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: 1/2 Rpt: 11/18  | Parker County Republican Women 00056258  |   |
| 4 Date   | 5 Payee name   |   |
| 01/27/2025   | TFRW   |   |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code   | _ |
| \$126.50   | 13740 N Highway 183 Suite J4   |   |
| Expenditure from corporate funds                             | Austin, TX 78750   |   |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE  | membership Check if travel outside of Texas. Complete Schedule T.  |   |
| LAI LINDITORE  | Check if Austin, TX, officeholder living expense   |   |
|  | membership   |   |
|  |  |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held<br>H   |   |
| Date   | Payee name   |   |
| 03/06/2025   | TFRW   |   |
| Amount (\$)  | Payee address; City; State; Zip Code   |   |
| \$75.90  | 13740 N Highway 183 Suite J4   |   |
| Ψ10.50   | 10140 Winghway 100 Galle 64  |   |
| Expenditure from corporate funds                             | Austin, TX 78750   |   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE  | membership Check if travel outside of Texas. Complete Schedule T.  |   |
| LAI LINDITORE  | Check if Austin, TX, officeholder living expense   |   |
|  | membership   |   |
|  |  |   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held  |   |
| expenditure to benefit C/O                                   | n  |   |
| Date   | Payee name   | _ |
| 03/31/2025   | TFRW   |   |
| Amount (\$)  | Payee address; City; State; Zip Code   |   |
| \$75.90  | 13740 N Highway 183 Suite J4   |   |
| Ψ13.90   | 13740 N Highway 103 Suite 34   |   |
| Expenditure from corporate funds                             | Austin, TX 78750   |   |
| PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
| OF<br>EXPENDITURE  | membership Check if travel outside of Texas. Complete Schedule T.  |   |
| EXPENDITORE  | Check if Austin, TX, officeholder living expense   |   |
|  | membership   |   |
|  |  |   |
| Complete ONLY if direct                                      | Candidate/Officeholder name Office sought Office held  |   |
| expenditure to benefit C/O                                   | H .  |   |
|  |  |   |
|  |  |   |
|  |  |   |

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

| Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment | Founded Fage Expense Found Expense Travel out of District 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: 2/2 Rpt: 12/18  | Parker County Republican Women 00056258   |
| 4 Date   | 5 Payee name  |
| 05/09/2025   | TFRW  |
| 6 Amount (\$)  | 7 Payee address; City; State; Zip Code  |
| \$101.20   | 13740 N Highway 183 Suite J4  |
| ,  | 3 19 11 11 11   |
| Expenditure from corporate funds   | Austin, TX 78750  |
| 8 PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
| OF<br>EXPENDITURE  | membership Check if travel outside of Texas. Complete Schedule T.   |
| LAFENDITORE  | Check if Austin, TX, officeholder living expense  |
|  | membership  |
|  |   |
| Complete ONLY if direct expenditure to benefit C/OF  | Candidate/Officeholder name Office sought Office held   |
|  |   |

|                           | The Instruction Guide explains how to                                 | complete this form.  |  |  |  |
|---------------------------|---|--|--|--|--|
| 1 Total pages Schedule I: | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                      |  |  |  |
| Sch: 1/6 Rpt:             | Parker County Republican Women  | 00056258   |  |  |  |
| 4 Date                    | 5 Payee name  | •  |  |  |  |
| 02/06/2025                | Award Center  |  |  |  |  |
| 6 Amount (\$)             | 7 Payee Address; City; State; Zip                                     |  |  |  |  |
| 31.39                     | 103 Eureka Street   |  |  |  |  |
| Expenditure from          |   |  |  |  |  |
| corporate funds           | Weatherford, TX 76086   |  |  |  |  |
| 8 PURPOSE<br>OF           | (a) Category (See instructions for examples of acceptable categories) | •  |  |  |  |
| EXPENDITURE               | Gift/Awards/Memorials Expense   | membership tags  |  |  |  |
|                           |   |  |  |  |  |
| Date                      | Payee name  |  |  |  |  |
| 02/26/2025                | Doss Heritage Center  |  |  |  |  |
| Amount (\$)               | Payee Address; City; State; Zip                                       |  |  |  |  |
| 450.00                    | 1400 Texas Drive  |  |  |  |  |
| Expenditure from          |   |  |  |  |  |
| corporate funds           | Weatherford, TX 76086   |  |  |  |  |
| PURPOSE<br>OF             | (a) Category (See instructions for examples of acceptable categories) | ·  |  |  |  |
| EXPENDITURE               | Event Expense   | room rental  |  |  |  |
|                           |   |  |  |  |  |
| Date                      | Payee name  |  |  |  |  |
| 03/20/2025                | Doss Heritage Center  |  |  |  |  |
| Amount (\$)               | Payee Address; City; State; Zip                                       |  |  |  |  |
| 450.00                    | 1400 Texas Drive  |  |  |  |  |
| Expenditure from          |   |  |  |  |  |
| corporate funds           | Weatherford, TX 76086   |  |  |  |  |
| PURPOSE<br>OF             |   | (b) Description (See instructions regarding type of information required.) |  |  |  |
| EXPENDITURE               | Event Expense   | room rental  |  |  |  |
|                           |   |  |  |  |  |
| Date                      | Payee name  |  |  |  |  |
| 03/17/2025                | Duke Donations  |  |  |  |  |
| Amount (\$)               | Payee Address; City; State; Zip                                       |  |  |  |  |
|                           | Box 90600   |  |  |  |  |
| 100.00  Expenditure from  |   |  |  |  |  |
| corporate funds           | Durham, NC 27708  |  |  |  |  |
| PURPOSE                   | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |  |  |  |
| OF<br>EXPENDITURE         | Gift/Awards/Memorials Expense   | donation in memory of  |  |  |  |
|                           |   |  |  |  |  |
|                           |   |  |  |  |  |
|                           |   |  |  |  |  |
|                           |   |  |  |  |  |
|                           |   |  |  |  |  |

| The Instruction Guide explains how to complete this form. |  |  |  |  |
|---|--|--|--|--|
| 1 Total pages Schedule I:                                 | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |  |  |
| Sch: 2/6 Rpt:   | Parker County Republican Women   | 00056258   |  |  |
| 4 Date  | 5 Payee name   |  |  |  |
| 02/20/2025  | East Parker Chamber of Commerce  |  |  |  |
| 6 Amount (\$)   | 7 Payee Address; City; State; Zip  |  |  |  |
| 180.00  | 100 Chuckwagon Trail   |  |  |  |
| Expenditure from corporate funds                          | Willow Park, TX 76087  |  |  |  |
| 8 PURPOSE   |  | (b) Description (See instructions regarding type of information required.)           |  |  |
| OF<br>EXPENDITURE   | membership   | membership dues  |  |  |
|   |  |  |  |  |
| Date  | Payee name   |  |  |  |
| 05/06/2025  | East Parker Chamber of Commerce  |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip  |  |  |  |
|   | 100 Chuckwagon Trail   |  |  |  |
| 100.00  |  |  |  |  |
| Expenditure from corporate funds                          | Willow Park, TX 76087  |  |  |  |
| PURPOSE   | (a) Category (See instructions for examples of acceptable categories)                | (b) Description (See instructions regarding type of information required.)           |  |  |
| OF<br>EXPENDITURE   | Event Expense  | event fee  |  |  |
|   |  |  |  |  |
| Dete  |  |  |  |  |
| Date<br>02/21/2025  | Payee name Greene's Florist  |  |  |  |
|   |  |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip 701 North Main Street                                |  |  |  |
| 135.31  | 701 North Main Street  |  |  |  |
| Expenditure from corporate funds                          | Weatherford, TX 76086  |  |  |  |
| PURPOSE   |  | (b) Description (See instructions regarding type of information required.)           |  |  |
| OF  | Gift/Awards/Memorials Expense  | condolence flowers   |  |  |
| EXPENDITURE   |  |  |  |  |
|   |  |  |  |  |
| Date  | Payee name   |  |  |  |
| 01/16/2025  | Indulge Catering   |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip  |  |  |  |
| 692.80  | 1833 Laura   |  |  |  |
| Expenditure from  | W4551 TV 70000   |  |  |  |
| corporate funds   | Weatherford, TX 76086  |  |  |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories)  Event Expense | (b) Description (See instructions regarding type of information required.)  catering |  |  |
| EXPENDITURE   | Event Expense  | catering   |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
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| The Instruction Guide explains how to complete this form. |   |                 |  |  |
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| The measure of plants from the complete and form          |   |                 |  |  |
| 1 Total pages Schedule I:                                 | 2 FILER NAME  |                 | 3 Filer ID (Ethics Commission Filers)                      |  |
| Sch: 3/6 Rpt:   | Parker County Republican Women  |                 | 00056258   |  |
| 4 Date  | 5 Payee name  |                 |  |  |
| 02/20/2025  | Indulge Catering  |                 |  |  |
| 6 Amount (\$)   | 7 Payee Address; City; State; Zip                                     |                 |  |  |
| 692.80  | 1833 Laura  |                 |  |  |
| Expenditure from corporate funds                          | Weatherford, TX 76086   |                 |  |  |
| 8 PURPOSE   |   | (b) Description | (See instructions regarding type of information required.) |  |
| OF<br>EXPENDITURE   | Food/Beverage Expense   | catering        |  |  |
|   |   |                 |  |  |
| 2.  |   |                 |  |  |
| Date<br>03/20/2025  | Payee name  |                 |  |  |
|   | Indulge Catering  |                 |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |                 |  |  |
| 692.80  | 1833 Laura  |                 |  |  |
| Expenditure from corporate funds                          | Weatherford, TX 76086   |                 |  |  |
| PURPOSE   |   | (b) Description | (See instructions regarding type of information required.) |  |
| OF  | Food/Beverage Expense   | catering        | (coo mendado regularing type of morniador requiredly       |  |
| EXPENDITURE   | ,   | g               |  |  |
|   |   |                 |  |  |
| Date  | Payee name  |                 |  |  |
| 04/21/2025  | Indulge Catering  |                 |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |                 |  |  |
| 692.80  | 1833 Laura  |                 |  |  |
| Expenditure from  |   |                 |  |  |
| corporate funds   | Weatherford, TX 76086   |                 |  |  |
| PURPOSE   | (a) Category (See instructions for examples of acceptable categories) | •               | (See instructions regarding type of information required.) |  |
| OF<br>EXPENDITURE   | Food/Beverage Expense   | catering        |  |  |
|   |   |                 |  |  |
| Dete  |   |                 |  |  |
| Date<br>05/15/2025  | Payee name Indulge Catering   |                 |  |  |
|   |   |                 |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |                 |  |  |
| 692.80  | 1833 Laura  |                 |  |  |
| Expenditure from corporate funds                          | Weatherford, TX 76086   |                 |  |  |
| PURPOSE<br>OF   |   | (b) Description | (See instructions regarding type of information required.) |  |
| EXPENDITURE   | Food/Beverage Expense   | catering        |  |  |
|   |   |                 |  |  |
|   |   |                 |  |  |
|   |   |                 |  |  |
|   |   |                 |  |  |
|   |   |                 |  |  |
|   |   |                 |  |  |

| The Instruction Guide explains how to complete this form. |   |  |  |  |
|---|---|--|--|--|
| 1 Total pages Schedule I:                                 | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                      |  |  |
| Sch: 4/6 Rpt:   | Parker County Republican Women  | 00056258   |  |  |
| 4 Date  | 5 Payee name  |  |  |  |
| 06/19/2025  | Indulge Catering  |  |  |  |
| 6 Amount (\$)   | 7 Payee Address; City; State; Zip                                     |  |  |  |
| 487.13  | 1833 Laura  |  |  |  |
| Expenditure from corporate funds                          | Weatherford, TX 76086   |  |  |  |
| 8 PURPOSE   |   | (b) Description (See instructions regarding type of information required.) |  |  |
| OF<br>EXPENDITURE   | Food/Beverage Expense   | catering   |  |  |
|   |   |  |  |  |
| Date  | Payee name  |  |  |  |
| 04/03/2025  | Oaxaca  |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |  |  |  |
|   | Payee Address; City; State; Zip  216 I-20 Frontage Rd                 |  |  |  |
| 365.00  Expenditure from                                  | •   |  |  |  |
| corporate funds   | Weatherford, TX 76086   |  |  |  |
| PURPOSE   |   | (b) Description (See instructions regarding type of information required.) |  |  |
| OF<br>EXPENDITURE   | Food/Beverage Expense   | membership mixer   |  |  |
|   |   |  |  |  |
| Date  | Payee name  |  |  |  |
| 06/19/2025  | Prater Designs LLC  |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |  |  |  |
| 29.89   | 504 Jones Road  |  |  |  |
| Expenditure from  |   |  |  |  |
| corporate funds   | Weatherford, TX 76088   |  |  |  |
| PURPOSE<br>OF   |   | (b) Description (See instructions regarding type of information required.) |  |  |
| EXPENDITURE   | name tags   | name tags  |  |  |
|   |   |  |  |  |
| Date  | Payee name  |  |  |  |
| 06/20/2025  | Square Inc.   |  |  |  |
| Amount (\$)   | Payee Address; City; State; Zip                                       |  |  |  |
| 3.56  | 1455 Market St., Ste 600  |  |  |  |
| Expenditure from  |   |  |  |  |
| corporate funds   | San Francisco, CA 94103   |  |  |  |
| PURPOSE   | (a) Category (See instructions for examples of acceptable categories) | (b) Description (See instructions regarding type of information required.) |  |  |
| OF<br>EXPENDITURE   | Fees  | transaction fees   |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |

| The Instruction Guide explains how to complete this form. |   |   |  |
|---|---|---|--|
| Total pages Schedule I:     Sch: 5/6 Rpt:                 | 2 FILER NAME<br>Parker County Republican Women                              | 3 Filer ID (Ethics Commission Filers) 00056258  |  |
| 4 Date  | 5 Payee name  |   |  |
| 05/16/2025  | Square Inc.   |   |  |
| 6 Amount (\$)   | 7 Payee Address; City; State; Zip   |   |  |
| 4.45  | 1455 Market St., Ste 600  |   |  |
| Expenditure from corporate funds                          | San Francisco, CA 94103   |   |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                            | (a) Category (See instructions for examples of acceptable categories)  Fees | (b) Description (See instructions regarding type of information required.) transaction fees |  |
|   |   |   |  |
| Date  | Payee name  |   |  |
| 04/18/2025  | Square Inc.   |   |  |
| Amount (\$)   | Payee Address; City; State; Zip   |   |  |
| 3.98  | 1455 Market St., Ste 600  |   |  |
| Expenditure from  | 05  |   |  |
| corporate funds   | San Francisco, CA 94103   | <u> </u>  |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories)  Fees | (b) Description (See instructions regarding type of information required.) transaction fees |  |
| EXPENDITURE   | 1 003   | liansaction rees  |  |
|   |   |   |  |
| Date  | Payee name  |   |  |
| 03/21/2025  | Square Inc.   |   |  |
| Amount (\$)   | Payee Address; City; State; Zip   |   |  |
| 1.24  | 1455 Market St., Ste 600  |   |  |
| Expenditure from  |   |   |  |
| corporate funds   | San Francisco, CA 94103   | T <sub>m</sub> .  |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories)  Fees | (b) Description (See instructions regarding type of information required.)                  |  |
| EXPENDITURE   | rees  | transaction fees  |  |
|   |   |   |  |
| Date  | Payee name  |   |  |
| 02/21/2025  | Square Inc.   |   |  |
| Amount (\$)   | Payee Address; City; State; Zip   |   |  |
| 4.10  | 1455 Market St., Ste 600  |   |  |
| Expenditure from  | 05  |   |  |
| corporate funds   | San Francisco, CA 94103   | Tax   |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories) Fees  | (b) Description (See instructions regarding type of information required.) transaction fees |  |
| EXPENDITURE   | 1 003   | แสเรนะแบบ เลยร  |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |

| The Instruction Guide explains how to complete this form. |  |   |  |
|---|--|---|--|
| 1 Total pages Schedule I:                                 | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |  |
| Sch: 6/6 Rpt:   | Parker County Republican Women   | 00056258  |  |
| 4 Date  | 5 Payee name   | <u> </u>  |  |
| 01/17/2025  | Square Inc.  |   |  |
| 6 Amount (\$)   | 7 Payee Address; City; State; Zip  |   |  |
| 5.80  | 1455 Market St., Ste 600   |   |  |
| Expenditure from  |  |   |  |
| corporate funds   | San Francisco, CA 94103  |   |  |
| 8 PURPOSE   | (a) Category (See instructions for examples of acceptable categories)                                | ·   |  |
| OF<br>EXPENDITURE   | Fees   | transaction fees  |  |
|   |  |   |  |
| Dete  | I Boundaries   |   |  |
| Date  | Payee name   |   |  |
| 03/25/2025  | United States Post Office  |   |  |
| Amount (\$)   | Payee Address; City; State; Zip  |   |  |
| 192.00  | 1145 Santa Fe Drive  |   |  |
| Expenditure from  | Weatherford TV 76096   |   |  |
| corporate funds   | Weatherford, TX 76086  |   |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | (b) Description (See instructions regarding type of information required.)  PO Box fees |  |
| EXPENDITURE   | Office Overflead/Refital Expense   | PO Box lees   |  |
|   |  |   |  |
| Date  | Payee name   |   |  |
| 03/27/2025  | Weatherford Chamber of Commerce  |   |  |
| Amount (\$)   | Payee Address; City; State; Zip  |   |  |
| 100.00  | 401 Fort Worth Hwy   |   |  |
| Expenditure from  |  |   |  |
| corporate funds   | Weatherford, TX 76086  |   |  |
| PURPOSE   |  | (b) Description (See instructions regarding type of information required.)              |  |
| OF<br>EXPENDITURE   | membership   | membership  |  |
|   |  |   |  |
|   |  |   |  |
| Date  | Payee name .   |   |  |
| 05/02/2025  | wix.com  |   |  |
| Amount (\$)   | Payee Address; City; State; Zip  |   |  |
| 376.71  | 10 West 18th Street, 7th Floor   |   |  |
| Expenditure from  | Novy York NIV 10011  |   |  |
| corporate funds   | New York, NY 10011   | <del></del>   |  |
| PURPOSE<br>OF   | (a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense | ·   |  |
| EXPENDITURE   | Office Overfleau/Refital Expense   | website fees  |  |
|   |  |   |  |
|   | <u>l</u>   |   |  |
|   |  |   |  |
|   |  |   |  |
|   |  |   |  |