FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00080382 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Strong Republican Women Date Received **ELECTRONICALLY FILED** 10/02/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 543 Argyle, TX 76226-0543 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE TREASURER 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 X October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2025 09/25/2025

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				_	
2 COMMITTEE NAME Texas Strong Republi	ican Woman			13 Filer ID 00080382	(Ethics Commission Filers)
				00080382	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)	"			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZEI PLEDGES, LOANS, CONTRIBUTIONS M check here if this report	OR GUARANTEES MADE ELECTRONIC	ALLY)	\$	0.00
	2. TOTAL POLITICA	AL CONTRIBUTIO		\$	8,765.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE		·	\$	0.00
TOTALS	4. TOTAL POLITICA	AL EXPENDITURE	:s	\$	0.00
				3	1,849.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		IAINTAINED AS OF THE LAS	T DAY	16,720.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL LAST DAY OF THE		UTSTANDING LOANS AS OF DD	THE \$	0.00
6 AFFIDAVIT				<u> </u>	
		true a	ar, or affirm, under penalty of p ind correct and includes all info Title 15, Election Code.	perjury, that the primation require	accompanying report is ed to be reported by me
				rick C. Tate	
			Signature of C	ampaign Treas	eurer
AFFIX NOTAF	RY STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said			this the	day
	, 20, to certify				
Signature of officer a	administering oath	Printed name of office	cer administering oath	Title of off	icer administering oath

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

				3 of 28
17 COMMITT Texas St	(Ethics Cor	mmission Filers)		
19 SCHEDUL NAME OF	SUBT	OTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,660.18
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	105.54
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
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.	\$			
9.	\$			
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	1,849.05
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (CONTRIBUTION	NS			SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this for	rm.		1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/28	
2	FILER NAME Texas Strong	g Republican Women				3	Filer ID (Ethics Commission 00080382	on Filers)
4	Date 09/10/2025	6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$104.48
8	Principal occu	Denton, TX 76209 pation / Job title (See Instructions	(s)	Emplo	yer (See Instructions	<u>(s)</u>		
Ü	District Judge				of Texas	3)		
	Date 09/25/2025	Full name of contributor Brennan, Karen Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$62.81
	Principal occu	Keller, TX 76248 pation / Job title (See Instructions	3)	Fmplo	yer (See Instructions	s)		
	Retired	(000	,	Retire		-,		
	Date 09/25/2025	Full name of contributor Bumgarner, Mindy Contributor address; City; S	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$312.81
		Flower Mound, TX 75022				L		
		pation / Job title (See Instructions utive of Operations	s) 	Emplo S Squ	yer (See Instructions uared	s)		
	Date 09/25/2025	Full name of contributor Bumgarner, Mindy Contributor address; City; S Flower Mound, TX 75022	tate; Zip Code)		Amount of Contribution (\$)	\$1,041.98
		pation / Job title (See Instructions utive of Operations	5)	Emplo S Squ	yer (See Instructions uared	s)		
	Date 09/09/2025	Full name of contributor Cade, Ronni Contributor address; City; S Lewisville, TX 75057	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$125.31
	Principal occu Retired	pation / Job title (See Instructions	5)	Emplo Retire	yer (See Instructions ed	s)		
			<u>, </u>					

	MONET	ARY POLITICAL CO	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/28	
2	FILER NAME Texas Strong	g Republican Women			3	Filer ID (Ethics Commission 00080382	on Filers)
4	Date 09/21/2025	5 Full name of contributor Craddick, Christi6 Contributor address; City; State			7	Amount of Contribution (\$)	\$1,146.15
_	Data disal asses	Austin, TX 78703	T _o	For all and (One breatment)			
8	Railroad Cor	pation / Job title (See Instructions) nmissioner	9	Employer (See Instructions Texas Railroad Commis		n	
	Date 09/20/2025	Full name of contributor Dallas, Deborah Contributor address; City; State				Amount of Contribution (\$)	\$125.31
	Principal occu	Northlake, TX 76226 pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired			Retired			
	Date 09/08/2025	Full name of contributor Darby, Susan Contributor address; City; State	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$62.81
		Denton, TX 76207					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/25/2025	Full name of contributor Del Rio, Odette Contributor address; City; State Denton, TX 76208	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$62.81
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/15/2025	Full name of contributor Don Huffines Campaign Contributor address; City; State Dallas, TX 75225	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS	SCHEDULE	A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/28	
2	FILER NAME Texas Strong	g Republican Women			3 Filer ID (Ethics Commission 00080382	Filers)
4	Date 09/25/2025	5 Full name of contributor Fitzpatrick, Lesli6 Contributor address; City; St	out-of-state PAC (ID#:	_	7 Amount of Contribution (\$)	\$260.73
8	Principal occu Attorney	Austin, TX 78717 pation / Job title (See Instructions	s)	Employer (See Instructions Tx Dept of Criminal Just		
	Date 09/24/2025	Full name of contributor Galbraith, Susan Contributor address; City; Si Denton, TX 76207	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	\$120.00
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	ns)	
	Date 09/25/2025)	Amount of Contribution (\$)	\$60.00
	Principal occu	Lewisville, TX 75077 pation / Job title (See Instructions	s)	Employer (See Instructions	ns)	
	Staff			Representative Kronda	a Thimish	
	Date 09/12/2025	Full name of contributor Harris, Heather Contributor address; City; St Argyle, TX 76226	out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$60.00
	•	pation / Job title (See Instructions & Cleaning Company	5)	Employer (See Instructions Self-Employed	ns)	
	Date 09/19/2025	Full name of contributor Hillyer, Jean Contributor address; City; Si Double Oak, TX 75077	out-of-state PAC (ID#:_)	Amount of Contribution (\$)	1,041.98
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	ns)	

	MONEI	ARY POLITICAL (CONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/28	
2	FILER NAME	g Republican Women			3	Filer ID (Ethics Commission 00080382	on Filers)
_			—		Ļ		
4	Date 09/18/2025	5 Full name of contributor Hopper, Andy6 Contributor address; City; St	out-of-state PAC (ID#:)	 	Amount of Contribution (\$)	\$260.73
_		Decatur, TX 76234					
8		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	State Repres	sentative		State of Texas			
	Date Full name of contributor out-of-state PAC (ID#:) 09/19/2025 Huffman, Joan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00		
	Deignainal	Houston, TX 77027	,	Francis von (Coo Instructions	<u></u>		
		Employer (See Instructions	5)				
	State Senato)r		State of Texas	_		
	Date 09/22/2025)		Amount of Contribution (\$)	\$104.48
		Denton, TX 76206					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>. </u>		
	District Judg		,	State of Texas	,		
	Date	Full name of contributor	out-of-state PAC (ID#:	\	Т	Amount of Contribution (\$)	
	09/19/2025	Johnson, Jim Contributor address; City; St Plano, TX 75024				Amount of Continuation (4)	\$170.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	District Judg	e/Attorney & CPA		State of Texas			
	Date 09/13/2025	Full name of contributor Joyce, Lorrie Contributor address; City; St Argyle, TX 76226	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$62.81
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions			
	Antiques Dea			She Picker, LLC	_		

	MONET	ARY POLITICAL CONTRIBUTI	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/28	
2	FILER NAME Texas Strong	g Republican Women			3	Filer ID (Ethics Commission 00080382	n Filers)
4	Date 09/23/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$120.00
8	Principal occu	Denton, TX 76207 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Date 09/25/2025	Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$120.00
	Principal occu Educator	Northlake, TX 76226 pation / Job title (See Instructions)		Employer (See Instructions Carnegie Learning	<u> </u> s)		
	Date 09/04/2025	Full name of contributor out-of-state PAC (IDMCEntire, Lisa Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$300.00
	Principal occu	Krum, TX 76249 pation / Job title (See Instructions)		Employer (See Instructions Self Employed	<u> </u> s)		
	Date 09/14/2025	Full name of contributor out-of-state PAC (ID Pausman, Karen Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$62.81
	Principal occu	Denton, TX 76210 pation / Job title (See Instructions) cales Agent		Employer (See Instructions Enrollment Store	<u> </u> s)		
	Date 08/29/2025	Full name of contributor ut-of-state PAC (ID			•	Amount of Contribution (\$)	\$125.31
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	N	IS		SCHEDULE	■ A1
	The Instru	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/28	
2	FILER NAME Texas Strong	g Republican Women			3	Filer ID (Ethics Commission 00080382	Filers)
4	Date 09/18/2025	 Full name of contributor)	7	Amount of Contribution (\$)	\$62.81
_	Daine in all a con-	Argyle, TX 76226	_	Frankrica (Octobrationalism			
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 09/08/2025	Full name of contributor out-of-state PAC (ID#:_ Rummel, Laura Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$120.00
	Principal occu	Frisco, TX 75034 pation / Job title (See Instructions)		Employer (See Instructions	;) 		
	Executive			Jackson Hewitt	,,		
	Date 08/29/2025	Full name of contributor)		Amount of Contribution (\$)	\$62.81
		Northlake, TX 76226					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Business Owner	s)		
	Date 09/21/2025	Full name of contributor out-of-state PAC (ID#:_ Tate, Jill Contributor address; City; State; Zip Code Colleyville, TX 76034)		Amount of Contribution (\$)	\$250.00
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Self-employed	5)		
	Date 09/10/2025	Full name of contributor out-of-state PAC (ID#:_Vess, Katherine Contributor address; City; State; Zip Code Denton, TX 76207)		Amount of Contribution (\$)	\$62.81
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
		•					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/28	
2	FILER NAME Texas Stron	g Republican Women		3	Filer ID (Ethics Commissio 00080382	n Filers)
4	Date 09/10/2025	 Full name of contributor		7	Amount of Contribution (\$)	\$62.81
8		Port Angeles, WA 98362 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 08/26/2025	Full name of contributor out-of-state PAC (ID#: Zilinsky, Peggy Contributor address; City; State; Zip Code Denton, TX 76207	Retired		Amount of Contribution (\$)	\$62.81
	Principal occu Town of Arg	upation / Job title (See Instructions)	Employer (See Instructions Administrative Assistant			
	Date 09/14/2025	Full name of contributor out-of-state PAC (ID#: Zilinsky, Peggy Contributor address; City; State; Zip Code Denton, TX 76207		•	Amount of Contribution (\$)	\$62.81
	Principal occu Town of Arg	upation / Job title (See Instructions)	Employer (See Instructions Administrative Assistant			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/28 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Strong Republican Women 00080382 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 09/05/2025 Tate, Fred \$105.54 Campaign Bookkeeping 7 Contributor address; City; State; Zip Code Services & Support Hurst, TX 76054 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) CFO Shield, LLC Managing Director 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Layment	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: 1/17 Rpt: 12/28	Texas Strong Republican Women	00080382
4 Date	5 Payee name	•
09/02/2025	Amazon.com, Inc	
6 Amount (\$)	7 Payee address; City; State; Zip Code	е
\$79.33	PO Box 81226	
Expenditure from		
corporate funds	Seattle, WA 98108	
8 PURPOSE	c , (eee emegenee meter at the telep of the constant)	b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Flowers for the Tables for POP Event
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
09/17/2025	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Code	e
\$33.53	PO Box 81226	
Expenditure from		
corporate funds	Seattle, WA 98108	
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
		Flowers for Table- POP Event
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/Oł	1	
Date	Payee name	
09/19/2025	Amazon.com, Inc	
Amount (\$)	Payee address; City; State; Zip Code	e
\$15.41	PO Box 81226	
Expenditure from		
corporate funds	Seattle, WA 98108	
PURPOSE OF	,	b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dessert Plates - POP Event
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held
expenditure to benefit C/O	1	

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
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/17 Rpt: 13/28	Texas Strong Republican Women	00080382
4 Date	5 Payee name	
08/26/2025	Anedot Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.81	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
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 Online Donation Processing Fee
		Chance Bondaon 1 100055111g 1 CC
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		Cilice neid
Date	Payee name	
08/29/2025	Anedot Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.31	1340 Poydras Street, Suite 1770	
- Funanditura from		
Expenditure from corporate funds	New Orleans, LA 70112	
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 Online Donation Processing Fee
		Chillie Donation Frocessing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	•	Office field
Date	Payee name	
08/29/2025	Anedot Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.81	1340 Poydras Street, Suite 1770	
Expenditure from		
corporate funds	New Orleans, LA 70112	
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.
LAFLINDITURE		Check if Austin, TX, officeholder living expense
		Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
experialities to beliefft C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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: 3/17 Rpt: 14/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/08/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.10	1340 Poydras Street, Suite 1770
- "	
Expenditure from corporate funds	New Orleans, LA 70112
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 Online Donation Processing Fee
	Offline Donation Processing Fee
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
09/08/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
09/09/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$5.31	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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.
EAFEINDITURE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

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

ing Expense Trav ries/Wages/Contract Labor OTH

Candidate/Officeholder/Politica Credit Card Payment	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: 4/17 Rpt: 15/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/10/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
	Chimic Bornauch Proceeding 1 co
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/10/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$4.48	1340 Poydras Street, Suite 1770
,	
Expenditure from corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
<u> </u>	
Date	Payee name
09/10/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
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.
Di Libilone	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Commission Chill V III alia	Condidate/Officeholder name Office county
Complete <u>ONLY</u> 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 By -

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	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: 5/17 Rpt: 16/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/12/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.70	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
	Chimic Bornauch 1 100000 ing 1 00
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/13/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
φ2.01	1340 Poyulas Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
0 1 0 0 1 1 0 1 1 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/14/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
Complete ONLY if direct	Candidate/Officebalder name Office accept
Complete <u>ONLY</u> 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 By -Candidate/Officeholder/Political C

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	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: 6/17 Rpt: 17/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/14/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
	Chime Bondaon Processing Fee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/15/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$40.30	1340 Poydras Street, Suite 1770
¥ 10100	
Expenditure from corporate funds	New Orleans, LA 70112
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 Online Donation Processing Fee
	Offiline Donation (1 rocessing fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/18/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2.81	1340 Poydras Street, Suite 1770
Ψ2.01	1040 F Gyards Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	

SCHEDULE F1

The strength of the strength o

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

ursement Solicitation/Fundraising Expense
Expense 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	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: 7/17 Rpt: 18/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/18/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10.73	1340 Poydras Street, Suite 1770
— Foresedit ve from	
Expenditure from corporate funds	New Orleans, LA 70112
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
	Online Donation Processing Fee
	Chimic Bollation (100000) ing 1 00
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/19/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$41.98	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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 Online Donation Processing Fee
	Offiline Donation Frocessing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
09/19/2025	Anedot Inc.
Amount (\$)	
\$7.10	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Φ1.10	1340 Fuyuras Sireel, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete CALL 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/17 Rpt: 19/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/20/2025	Anedot Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.31	1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
09/21/2025	Anedot Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$10.30	1340 Poydras Street, Suite 1770
Expenditure from	
corporate funds	New Orleans, LA 70112
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 Online Donation Processing Fee
	Offiline Doridition 1 rocessing rec
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
09/21/2025	Anedot Inc.
Amount (\$) \$46.15	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Φ40.13	1340 Poyuras Street, Suite 1770
Expenditure from	New Orleans I A 70112
corporate funds	New Orleans, LA 70112
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Online Donation Processing Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/17 Rpt: 20/28 Texas Strong Republican Women 00080382 4 Date Payee name 09/22/2025 Anedot Inc. 6 Amount (\$) Payee address; City; State; Zip Code \$4.48 1340 Poydras Street, Suite 1770 Expenditure from New Orleans, LA 70112 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Online Donation Processing Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/23/2025 Anedot Inc.

Amount (\$)	Payee address; City; State; Zip	Code
\$5.10	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
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 Online Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s	ought Office held

Date 09/25/2025	Payee name Anedot Inc.
Amount (\$) \$12.81	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770
Expenditure from corporate funds	New Orleans, LA 70112
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 Online Donation Processing Fee

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

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 Candidate/Officeholder/Politica Credit Card Payment	l Cor	The Instruction Guide	nse		pense ages/Contract Labor	Travel III Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:	2	FILER NAME				3 Filer ID	(Ethics Commission Filers)
	Sch: 10/17 Rpt: 21/28		Texas Strong Republican Wom	en			00080382	
4	Date	5	Payee name					
L	09/25/2025	L	Anedot Inc.					
6	Amount (\$)	7	Payee address; City;	State;	Zip Cod	de		
	\$41.98		1340 Poydras Street, Suite 177	0				
	- Evnanditura from							
L	Expenditure from corporate funds		New Orleans, LA 70112					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this sched	dule)	(b) Description		
	OF EXPENDITURE		Fees			=	rel outside of Texas. Cor	
						ш	tin, TX, officeholder livin	
						Offinite Doll	a	g i CC
9	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	Of	ffice souc	nht	Office h	neld
,	expenditure to benefit C/OF		andidato/Onicendidei Hallie	Oi	moc soul	J111	Office I	iciu
H	Date		Payee name					
	09/25/2025		Anedot Inc.					
	Amount (\$)		Payee address; City;	State;	Zip Cod	de		
	\$10.73		1340 Poydras Street, Suite 177	0				
	Expenditure from corporate funds		New Orleans, LA 70112					
	PURPOSE	(a)	Category (See Categories listed at the top	of this sched	dule)	(b) Description		
	OF EXPENDITURE		Fees			<u> </u>	el outside of Texas. Cor	
						ш	tin, TX, officeholder livin	
							auon i 100033111(g i CC
_	Complete ONLY if direct		andidate/Officeholder name	Of	ffice soug	aht	Office h	neld
	expenditure to benefit C/Oh		and the state of t					
	Date		Payee name				-	
	09/25/2025		Anedot Inc.					
	Amount (\$)		Payee address; City;	State;	Zip Cod	de		
	\$5.10		1340 Poydras Street, Suite 177	0				
	Expenditure from corporate funds		New Orleans, LA 70112					
	PURPOSE	(a)	Category (See Categories listed at the top	of this sched	dule)	(b) Description		
	OF EXPENDITURE		Fees				rel outside of Texas. Cor	
							stin, TX, officeholder livin	
						Online Don	ation Processing	y ree
	Complete ONLY if direct		andidate/Officeholder name	∩f	ffice soug	nht	Office h	neld
	expenditure to benefit C/Oh		a. a	Oi	5000	g t	Office II	
Eo:	me provided by Texas F	thic	e Commission	othics st	ato tv u	<u> </u>		Version V// 1 0 f10d0fd

SCHEDULE F1

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

Fees Office Overhead/Ren
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Conf

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.	in (enter a category not listed above)
1 Total pages Schedule F1:		ID (Ethics Commission Filers)
Sch: 11/17 Rpt: 22/28		30382
4 Date	5 Payee name	
09/25/2025	Anedot Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2.81	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Te	exas. Complete Schedule T. older living expense
	Online Donation Proc	
		<u> </u>
9 Complete ONLY if direct		Office held
expenditure to benefit C/OI	JH	
Date	Payee name	
09/25/2025	Anedot Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.81	1340 Poydras Street, Suite 1770	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Fees Check if travel outside of Te	exas. Complete Schedule T. older living expense
	Online Donation Proc	
Complete ONLY if direct	Candidate/Officeholder name Office sought C	Office held
expenditure to benefit C/OI	U	
Date	Payee name	
09/25/2025	Anedot Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$2.70		
, -	, , , , , , , , , , , , , , , , , , , ,	
Expenditure from corporate funds	New Orleans, LA 70112	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	1003	exas. Complete Schedule T.
	Check if Austin, TX, officeho Online Donation Proc	
	Grilline Boriation 1 100	cssing i cc
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought C	Office held
expenditure to benefit C/OI	U	Jilice Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 12/17 Rpt: 23/28	Texas Strong Republican Women	00080382
4 Date	5 Payee name	•
09/05/2025	Argyle Business Association	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$45.00	306 US 377	
Expenditure from corporate funds	Argyle, TX 76226	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
LA LINDITORL		Check if Austin, TX, officeholder living expense
		Association Monthly Dues
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		dgrit Onice neid
Date	Payee name	
09/22/2025	Catrina Curia	
Amount (\$)	Payee address; City; State; Zip C	ode
\$329.08	11604 Slumber Falls Dr	
Evponditure from		
Expenditure from corporate funds	Flower Mound, TX 76226	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.
LXI ENDITORE		Check if Austin, TX, officeholder living expense
		Nestor Bags to Auction - POP Event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so H	ught Office held
Date	Payee name	
09/15/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Zip C	ode
\$27.71	1601 Trapelo Road	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Email Advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
experientale to belieff C/O	·	
I		

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	Т
Sch: 13/17 Rpt: 24/28	Texas Strong Republican Women 00080382	
4 Date	5 Payee name	
09/02/2025	Donut Paradise	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$16.00	100 Country Club Rd #109	
- "		
Expenditure from corporate funds	Argyle, TX 76226	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	
	Check if Austin, TX, officeholder living expense Donuts for Monthly Meeting	
	Donats for Monthly Meeting	
O Commission Chilly III	Our Middle (Office health a grants	_
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
09/02/2025	GoDaddy	
Amount (\$)	Payee address; City; State; Zip Code	_
\$35.18	2155 E. Go Daddy Way	
Expenditure from	Tompo A7 95260	
corporate funds	Tempe, AZ 85260	
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	
	Web Domain Hosting	
	web boiliam riosang	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	
09/02/2025	Google LLC	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.95	1600 Amphitheatre Pkwy	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Google G-Suite Subscription	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	н	
		_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) 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 Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/17 Rpt: 25/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/19/2025	Marriott Hotel
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.99	3300 Championship Pkwy
Evnonditure from	
Expenditure from corporate funds	Fort Worth, TX 76177
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
	Hotel for Speaker - POP Event
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	
Date	Payee name
09/19/2025	Marriott Hotel
Amount (\$)	Payee address; City; State; Zip Code
\$282.81	3300 Championship Pkwy
Expenditure from	
corporate funds	Fort Worth, TX 76177
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 Hotel for Speaker - POP Event
	Hotel for Speaker - FOr Everit
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u>v</u>
Date	Payee name
09/15/2025	North Texas Print Solutions
Amount (\$)	Payee address; City; State; Zip Code
\$367.63	2077 Switzer Road
Expenditure from corporate funds	Sanger, TX 76266
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Advertising Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Forms provided by Tayas F	thics Commission was athics state type Version V/ 1.0 f10d0fd8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 15/17 Rpt: 26/28	Texas Strong Republican Women 00080382	
4 Date	5 Payee name	
09/12/2025	ShoutSocial.com	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$10.00	1 E Center Street, Suite 300	
— Forest dit us from		
Expenditure from corporate funds	Provo, UT 84606	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	Messaging Service Subscription	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to belief of or	·	
Date	Payee name	
08/29/2025	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$25.30	PO Box 171146	
Expenditure from	Austin, TX 78717-0041	
corporate funds		_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Donation - Membership	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_
Date	Payee name	
09/10/2025	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$84.87	2750 W University Drive	
Expenditure from corporate funds	Denton, TX 76201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Food for September General Meeting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
, •	
Sch: 16/17 Rpt: 27/28	Texas Strong Republican Women 00080382
4 Date	5 Payee name
09/15/2025	Walmart
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$41.44	2750 W University Drive
Expenditure from	Denton, TX 76201
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
	18 Bundt Cakes - POP Event
	10 Burnut Guices 1 Or Event
• • • • • • • • • • • • • • • • • • • •	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit Gree	
Date	Payee name
09/19/2025	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$39.96	2750 W University Drive
Ψ00.50	2100 W Grillversky Brive
Expenditure from	D 1 TV 70004
corporate funds	Denton, TX 76201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	27 Bundt Cakes - POP Event
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/O	
Date	Payee name
09/19/2025	Walmart
Amount (\$)	Payee address; City; State; Zip Code
\$5.92	2750 W University Drive
Ψ3.32	2.55 T. S.III O.O.O.
Expenditure from	B. 11. TV 70004
corporate funds	Denton, TX 76201
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense 4 Bundt Cakes - POP Event
	4 Buriul Cakes - POP Everil
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiorare to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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: 17/17 Rpt: 28/28	Texas Strong Republican Women 00080382	
4 Date	5 Payee name	
09/22/2025	Walmart	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$13.32	2750 W University Drive	
Expenditure from		
corporate funds	Denton, TX 76201	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense 9 Bundt Cakes - POP Event	
	3 Bundt Gakes 1 Gr Event	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Date	Payee name	
09/22/2025	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$16.28	2750 W University Drive	
Expenditure from corporate funds	Denton, TX 76201	
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	
	11 Bundt Cakes - POP Event	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH		
Date	Payee name	
09/22/2025	Walmart	
Amount (\$)	Payee address; City; State; Zip Code	
\$54.76	2750 W University Drive	
750		
Expenditure from corporate funds	Denton, TX 76201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense 37 Bundt Cakes POP Event	
	37 Bullut Cakes FOF Evelit	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		