

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC
COVER SHEET PG 1

| | | | | | |
|--|--|--|---|------------------------------|--------|
| The MPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00080382 | 2 Total pages filed: 12 | | |
| 3 COMMITTEE NAME Texas Strong Republican Women | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/02/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | | |
| 4 COMMITTEE ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP PO Box 543 Argyle, TX 76226-0543 | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | | | MI |
| | NICKNAME | LAST | | | SUFFIX |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 959 W Glade Rd Hurst, TX 76054 | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 953 Colleyville, TX 76034 | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR) | | | | |
| 10 MONTHLY REPORT FILING DEADLINE | <input checked="" type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input type="checkbox"/> December 5 | | | | |
| 11 PERIOD COVERED | Month Day Year 11/26/2025 | | THROUGH | Month Day Year 12/25/2025 | |

GO TO PAGE 2

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME Texas Strong Republican Women | 13 Filer ID (Ethics Commission Filers) 00080382 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | |
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| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 770.54 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 745.43 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 22,826.63 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Frederick C. Tate

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - MPAC

| | |
|---|---|
| 17 COMMITTEE NAME Texas Strong Republican Women | 18 Filer ID (Ethics Commission Filers) 00080382 |
|---|---|

| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|-----------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 665.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 105.54 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 745.43 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/12 |
| 2 FILER NAME Texas Strong Republican Women | | 3 Filer ID (Ethics Commission Filers) 00080382 |
| 4 Date 12/04/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Del Rio, Odette | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Denton, TX 76208 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 12/15/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmondson, Dianne | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Denton, TX 76207 | | |
| Principal occupation / Job title (See Instructions) County Commissioner | | Employer (See Instructions) Denton County |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, TONYA | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code DENTON, TX 76205 | | |
| Principal occupation / Job title (See Instructions) District Director | | Employer (See Instructions) State of Texas |
| Date 12/11/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacKay, Jana | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Argyle, TX 76226 | | |
| Principal occupation / Job title (See Instructions) Psychologist | | Employer (See Instructions) Self-Employed |
| Date 12/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mashburn, Shelby | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Northlake, TX 76226 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/12 |
| 2 FILER NAME Texas Strong Republican Women | | 3 Filer ID (Ethics Commission Filers) 00080382 |
| 4 Date 12/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Susan | 7 Amount of Contribution (\$) \$150.00 |
| | 6 Contributor address; City; State; Zip Code Denton, TX 76207 | |
| 8 Principal occupation / Job title (See Instructions) Realtor | | 9 Employer (See Instructions) Self-Employed |
| Date 12/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thimesch, Kronda | Amount of Contribution (\$) \$15.00 |
| | Contributor address; City; State; Zip Code Carrollton, TX 75011 | |
| Principal occupation / Job title (See Instructions) Owner | | Employer (See Instructions) Green Meadows Landscaping |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/12 | |
| 2 FILER NAME Texas Strong Republican Women | | 3 Filer ID (Ethics Commission Filers) 00080382 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 12/05/2025 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred, Tate | 8 Amount of contribution (\$) \$105.54 | 9 In-kind contribution description Campaign Bookkeeping Services & Support |
| | 7 Contributor address; City; State; Zip Code Hurst, TX 76054 | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Managing Director | | 11 Employer (FOR NON-JUDICIAL) (See instructions) CFO Shield, LLC | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See instructions) | |
| 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) | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 7/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
| 4 Date 12/04/2025 | 5 Payee name Anedot Inc. | |
| 6 Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/10/2025 | Payee name Anedot Inc. | |
| Amount (\$) \$0.90 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/10/2025 | Payee name Anedot Inc. | |
| Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 8/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
| 4 Date 12/11/2025 | 5 Payee name Anedot Inc. | |
| 6 Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/12/2025 | Payee name Anedot Inc. | |
| Amount (\$) \$6.30 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/17/2025 | Payee name Anedot Inc. | |
| Amount (\$) \$4.30 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Online Donation Processing Fee |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 9/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
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| 4 Date 12/08/2025 | 5 Payee name Argyle Business Association |
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| 6 Amount (\$) \$45.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 306 US 377 #1 Argyle, TX 76226 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Association Dues |
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| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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|--------------------|---|
| Date 12/09/2025 | Payee name Campaign Verify Washington DC |
|--------------------|---|

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|---|--|
| Amount (\$) \$95.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1215 31st Street NW Washington, DC 20007-9998 |
|---|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Verification for Texting |
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|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|--------------------------------|
| Date 11/26/2025 | Payee name Constant Contact |
|--------------------|--------------------------------|

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|---|--|
| Amount (\$) \$27.71 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 |
|---|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email Advertising |
|-------------------------------|--|---|

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|---|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
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| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 10/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
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| 4 Date 12/02/2025 | 5 Payee name Google LLC |
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| | |
|---|--|
| 6 Amount (\$) \$8.95 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043 |
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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google G-Suite Subscription |
|---------------------------------|---|---|

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|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|----------------------------|
| Date 12/16/2025 | Payee name GotPrint.com |
|--------------------|----------------------------|

| | |
|---|---|
| Amount (\$) \$48.73 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 7651 N San Fernando Rd Burbank, CA 91505 |
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| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies - 100 Postcards |
|------------------------|---|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-------------------------------|
| Date 12/08/2025 | Payee name ShoutSocial.com |
|--------------------|-------------------------------|

| | |
|---|---|
| Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1 E Center Street, Suite 300 Provo, UT 84606 |
|---|---|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Messaging Service Subscription |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 11/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
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|-----------------------------|---------------------------------|
| 4 Date 11/28/2025 | 5 Payee name TFRW PAC |
|-----------------------------|---------------------------------|

| | |
|--|---|
| 6 Amount (\$) \$20.20 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78750-1832 |
|--|---|

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|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation - Membership |
|---------------------------------|---|---|

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|------------------------|
| Date 11/28/2025 | Payee name TFRW PAC |
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| | |
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| Amount (\$) \$278.30 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78750-1832 |
|--|--|

| | | |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation - Membership |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|-----------------------|
| Date 12/10/2025 | Payee name Walmart |
|--------------------|-----------------------|

| | |
|--|---|
| Amount (\$) \$102.14 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2750 W University Drive Denton, TX 76201 |
|--|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food for General Meeting |
|------------------------|---|---|

| | | | |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 12/12 | 2 FILER NAME Texas Strong Republican Women | 3 Filer ID (Ethics Commission Filers) 00080382 |
| 4 Date 11/28/2025 | 5 Payee name Wreaths Across America | |
| 6 Amount (\$) \$85.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 5 Point St, PO Box 249 Columbia Falls, ME 04623 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 5 Wreaths for Veterans - Flower Mound Cemetary |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought |
| | | Office held |