

**GENERAL-PURPOSE COMMITTEE  
CAMPAIGN FINANCE REPORT**

**FORM GPAC  
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070290	2 Total pages filed: 13
3 COMMITTEE NAME Cherokee Rose Republican Women		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2026  Date Hand-delivered or Date Postmarked  Receipt # <input type="text"/> Amount <input type="text"/>  Date Processed  Date Imaged	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address 6684 Myrtlewood  Gilmer, TX 75645			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.		
	NICKNAME .....	LAST Lipscomb	SUFFIX
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 6684 Myrtlewood  Gilmer, TX 75645		
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 6684 Myrtlewood  Gilmer, TX 75645		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (903) 374-1970		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month 07/01/2025	Day	Year
	THROUGH		
11 ELECTION	ELECTION DATE Month 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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**GENERAL-PURPOSE COMMITTEE REPORT:  
PURPOSE AND TOTALS**

**FORM GPAC  
COVER SHEET PG 2**

<b>12 COMMITTEE NAME</b> Cherokee Rose Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00070290
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	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	\$ 205.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,245.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 4,469.96
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,294.50
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
<b>16 AFFIDAVIT</b>		
<p>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.</p> <p style="text-align: right;">_____ Mrs. Sheri L. Lipscomb _____ Signature of Campaign Treasurer</p>		
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 - GPAC****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 13

<b>17</b> COMMITTEE NAME Cherokee Rose Republican Women	<b>18</b> FILER ID (Ethics Commission Filers) 00070290
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,495.00	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. <input checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 2,750.00	
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 \$ 4,469.96	
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ 400.00	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/13
<b>2</b> FILER NAME Cherokee Rose Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00070290
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Michael	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Gilmer, TX 75644	
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Darlene	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodd, Melvin	Amount of Contribution (\$) \$375.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75644	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dolle , Gene	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75644	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fiore, Daniel & Brooke	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/13
<b>2</b> FILER NAME Cherokee Rose Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00070290
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor Helms, Gary	<b>7</b> Amount of Contribution (\$) \$30.00
	<b>6</b> Contributor address; City; State; Zip Code  Diana, TX 75640	
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 12/22/2025	Full name of contributor Horn, Lori	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Longview, TX 75605	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor Hoyle, Brian	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Tyler, TX 75702	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor Lipscomb, Sheri	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor Lum, Jackie	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/13
<b>2</b> FILER NAME Cherokee Rose Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00070290
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadin, Samdra	<b>7</b> Amount of Contribution (\$) \$15.00
	<b>6</b> Contributor address; City; State; Zip Code  Gilmer, TX 75645	
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jay	<b>Amount of Contribution (\$)</b> \$500.00
	<b>Contributor address; City; State; Zip Code</b>  Gilmer, TX 75644	
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lew	<b>Amount of Contribution (\$)</b> \$30.00
	<b>Contributor address; City; State; Zip Code</b>  Gilmer, TX 75645	
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Curtis & Jackie	<b>Amount of Contribution (\$)</b> \$250.00
	<b>Contributor address; City; State; Zip Code</b>  Diana, TX 75640	
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b> N/A
<b>Date</b> 09/22/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridgway, Richard & Cynthia	<b>Amount of Contribution (\$)</b> \$45.00
	<b>Contributor address; City; State; Zip Code</b>  Diana, TX 75640	
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b> N/A

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/13
<b>2</b> FILER NAME Cherokee Rose Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00070290
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridgway, Richard & Cynthia	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Diana, TX 75640	
<b>8</b> Principal occupation / Job title (See Instructions) N/A		<b>9</b> Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souder, Chuck & Oretha	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75644	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Rhonda	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75644	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams , Thomas & Katherine	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Ore City, TX 75683	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Gary & Teresa	Amount of Contribution (\$) \$30.00
	Contributor address; City; State; Zip Code  Gilmer, TX 75645	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) N/A

# MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

## SCHEDULE C1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule C1: Sch: 1/1 Rpt: 8/13</p>
<p><b>2</b> FILER NAME Cherokee Rose Republican Women</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00070290</p>
<p><b>4</b> Date 10/20/2025</p>	<p><b>5</b> Corporation / Labor Organization name Billy W Byrd-Attorney At Law</p>	<p><b>7</b> Amount of contribution (\$) \$200.00</p>
	<p><b>6</b> Corporation / Labor Organization address; City; State; Zip Code  Gilmer, TX 75644</p>	
<p>Date 09/25/2025</p>	<p>Corporation / Labor Organization name Nathaniel Moran For Congress</p>	<p>Amount of contribution (\$) \$500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Tyler , TX 75702</p>	
<p>Date 09/22/2025</p>	<p>Corporation / Labor Organization name Rite Construcion &amp; Roustabuts Service LLC ( Dustin Nichalos)</p>	<p>Amount of contribution (\$) \$500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Gilmer, TX 75644</p>	
<p>Date 09/22/2025</p>	<p>Corporation / Labor Organization name Teffteller Law</p>	<p>Amount of contribution (\$) \$1,500.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Gilmer, TX 75644</p>	
<p>Date 09/22/2025</p>	<p>Corporation / Labor Organization name Tully's Termite &amp; Pest Control</p>	<p>Amount of contribution (\$) \$50.00</p>
	<p>Corporation / Labor Organization address; City; State; Zip Code  Bogata, TX 75417</p>	

# 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: 1/4 Rpt: 9/13	2 FILER NAME Cherokee Rose Republican Women	3 Filer ID (Ethics Commission Filers) 00070290
4 Date 08/08/2025	5 Payee name AGV	
6 Amount (\$) \$83.25	7 Payee address; City; State; Zip Code 2625 Broadway Street  Redwood City County of Sad Mat, CA 94063	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Antivirus	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/23/2025	Payee name City Of Gilmer	
Amount (\$) \$400.00	Payee address; City; State; Zip Code P.O. Box 760 110 Buffalo  Gilmer, TX 75644	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/18/2025	Payee name Cynthia, Ridgeway	
Amount (\$) \$122.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  Diana, TX 75640	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Expense
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	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: 2/4 Rpt: 10/13	2 FILER NAME Cherokee Rose Republican Women	3 Filer ID (Ethics Commission Filers) 00070290
4 Date 09/08/2025	5 Payee name Foudation For Liberty & American Greatness	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 301 E Lemon St  Tarpon Springs, FL 34689	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Gilmer Civic Center (Luster Thomas)	
Amount (\$) \$50.00	Payee address; City; State; Zip Code 1218 US Hwy271 N  Gilmer, TX 75644	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/22/2025	Payee name Gilmer Civic Center	
Amount (\$) \$350.00	Payee address; City; State; Zip Code 1218 US Hwy271 N  Gilmer, TX 75644	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
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	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: 3/4 Rpt: 11/13	2 FILER NAME Cherokee Rose Republican Women	3 Filer ID (Ethics Commission Filers) 00070290
4 Date 09/22/2025	5 Payee name Highfield Consulting LLC	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code 1300 Playmoor Dr.  Palm Harbor, FL 34683	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/21/2025	Payee name Jackie, Oliver	
Amount (\$) \$153.27	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Diana, TX 75640	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/20/2025	Payee name Jackie, Oliver	
Amount (\$) \$234.07	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  Diana, TX 75640	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Club Expense
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	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: 4/4 Rpt: 12/13	2 FILER NAME Cherokee Rose Republican Women	3 Filer ID (Ethics Commission Filers) 00070290
4 Date 07/07/2025	5 Payee name Walmart Supercenter	
6 Amount (\$) \$10.83	7 Payee address; City; 1102 US Hwy 271  Gilmer, TX 75644	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Walmart Supercenter	
Amount (\$) \$66.54	Payee address; City; 1102 US Hwy 271  Gilmer, TX 75644	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Club Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND  
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 13/13
<b>2</b> FILER NAME Cherokee Rose Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00070290
<b>4</b> Date 12/19/2025	<b>5</b> Name of person from whom amount is received City of Gilmer .....	<b>8</b> Amount (\$) \$400.00
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code Gilmer, TX 75644	
<b>7</b> Purpose for which amount is received		<input type="checkbox"/> Check if political contribution returned to filer