

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) 00016985	2 Total pages filed: 17
3 COMMITTEE NAME Republican Women of Arlington		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/12/2023	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 14317 ARLINGTON, TX 76094-1317	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Ms. Randi L.	
		NICKNAME LAST SUFFIX Hartin	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 W. Belknap Fort Worth, TX 76196	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 14317 Arlington, TX 76094	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (817) 307-2952	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" 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 Day Year Month Day Year 01/01/2023 THROUGH 06/30/2023	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Republican Women of Arlington	13 Filer ID (Ethics Commission Filers) 00016985
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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 Republican
		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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2,488.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,090.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,478.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 20,983.84
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.

Ms. Randi L. Hartin

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 - GPAC

17 COMMITTEE NAME Republican Women of Arlington		18 Filer ID (Ethics Commission Filers) 00016985
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,090.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 4,478.43
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 30.00
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 64.33

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arbeleaz, Jorge <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Advertising		9 Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake, Robert <hr/> Contributor address; City; State; Zip Code Arlington, TX 76013	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions)
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolton , Brian <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76196	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Tarrant County
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchert, Peggy <hr/> Contributor address; City; State; Zip Code Arlington, TX 76129	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crocker, Elizabeth <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Uber Driver		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 02/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeLaCruz, Italia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Crowley, TX 76036		
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Kimberly (Judge)	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzpatrick, Kimberly (Judge)	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Southlake, TX 76092		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartin, Randi	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Tarrant County Criminal Court 6
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartin, Randi	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mansfield, TX 76063		
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Tarrant County Criminal Court 6

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 02/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haynes, Leanne <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76017	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Arlington Junior League		9 Employer (See Instructions)
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr , Kerry <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez , Richard <hr/> Contributor address; City; State; Zip Code Arlington, TX 76010	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Iglesia Cafe Church
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Dorrie (Ms.) <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) self employed
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Dorrie (Ms.) <hr/> Contributor address; City; State; Zip Code Grand Prairie, TX 75052	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 05/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pegues, JO <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76016	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Claudia <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Don <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucker, Don <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76120	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unknown, Andrew <hr/> Contributor address; City; State; Zip Code TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 02/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson , Miriam	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Arlington, TX 76016	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 05/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuckerbrow, Judy	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code Arlington, TX 76016	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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: 1/4 Rpt: 9/17	2 FILER NAME Republican Women of Arlington	3 Filer ID (Ethics Commission Filers) 00016985
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4 Date 02/21/2023	5 Payee name Ashby, James (Mr.)
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6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 604 W. Harwood Rd. Eules, TX 76039-3253
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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 Audio/Visual
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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 05/18/2023	Payee name Ashby, James (Mr.)
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Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 604 W. Harwood Rd. Eules, TX 76039-3253
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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 Audio/Visual
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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 03/03/2023	Payee name Digital Corporate Companies
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Amount (\$) \$33.28 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 801 Station Dr # 109 Arlington, TX 76015
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Badges
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Complete ONLY 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
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: 2/4 Rpt: 10/17	2 FILER NAME Republican Women of Arlington	3 Filer ID (Ethics Commission Filers) 00016985
4 Date 01/19/2023	5 Payee name Simply Divune	
6 Amount (\$) \$255.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2230 W Park Row Dr Pantego, TX 76013	
8 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 Meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/16/2023	Candidate/Officeholder name Simply Divune	
Amount (\$) \$285.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought 2230 W Park Row Dr Pantego, TX 76013	
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 Meeting
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/21/2023	Candidate/Officeholder name Skillet-N-Grill	
Amount (\$) \$267.50 <input type="checkbox"/> Expenditure from corporate funds	Office sought 1801 W. Division St. Arlington, TX 76012	
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 Meeting
Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/4 Rpt: 11/17	2 FILER NAME Republican Women of Arlington	3 Filer ID (Ethics Commission Filers) 00016985
4 Date 05/18/2023	5 Payee name Skillet-N-Grill	
6 Amount (\$) \$619.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1801 W. Division St. Arlington, TX 76012	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2023	Payee name Stephen F. Austin	
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1936 N. Street Nacogdoches, TX 75965	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Scholarship Award
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/23/2023	Payee name Texas A&M University	
Amount (\$) \$1,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 120 Spence College Station, TX 77843	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials 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 Scholarship Award
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: 4/4 Rpt: 12/17	2 FILER NAME Republican Women of Arlington	3 Filer ID (Ethics Commission Filers) 00016985
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4 Date 01/17/2023	5 Payee name Tyler, Jan
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6 Amount (\$) \$29.13 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3705 Pimlico Arlington, TX 76017
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8 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 Reimbursement for event food
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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 02/06/2023	Payee name USPS
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Amount (\$) \$108.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2222 S Bowen Rd. Ste. A Arlington, TX 76013
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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 Post Office Box rental
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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 03/20/2023	Payee name Walmart
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Amount (\$) \$180.78 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 915 E. Randol Mill Rd. Arlington, TX 76011
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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 Audio/Visual equipment
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt:		2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985	
4 Date 01/31/2023		5 Payee name Frost Bank			
6 Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 3801 Matlock Rd Arlington, TX 76015			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank account fee	
Date 02/28/2023		Payee name Frost Bank			
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3801 Matlock Rd Arlington, TX 76015			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank account fee	
Date 03/31/2023		Payee name Frost Bank			
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3801 Matlock Arlington, TX 76015			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank account fee	
Date 04/30/2023		Payee name Frost Bank			
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 3801 Matlock Arlington, TX 76015			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Accounting/Banking		(b) Description (See instructions regarding type of information required.) Bank account fee	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Republican Women of Arlington	3 Filer ID (Ethics Commission Filers) 00016985
4 Date 05/31/2023	5 Payee name Frost Bank	
6 Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 3801 Matlock Arlington, TX 76015	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank account fee
Date 06/30/2023	Payee name Frost Bank	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3801 Matlock Arlington, TX 76015	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Bank account fee

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/3 Rpt: 15/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
01/31/2023	Frost Bank	\$3.25
	6 Address of person from whom amount is received; City; State; Zip Code	
	Fort Worth, TX 76162	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date	Name of person from whom amount is received	Amount (\$)
01/31/2023	Frost Bank	\$6.39
	Address of person from whom amount is received; City; State; Zip Code	
	Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date	Name of person from whom amount is received	Amount (\$)
02/28/2023	Frost Bank	\$3.24
	Address of person from whom amount is received; City; State; Zip Code	
	Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date	Name of person from whom amount is received	Amount (\$)
02/28/2023	Frost Bank	\$6.21
	Address of person from whom amount is received; City; State; Zip Code	
	Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date	Name of person from whom amount is received	Amount (\$)
03/31/2023	Frost Bank	\$3.79
	Address of person from whom amount is received; City; State; Zip Code	
	Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 2/3 Rpt: 16/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 03/31/2023	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$7.08
	6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date 04/30/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$3.63
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date 04/30/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$7.38
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date 05/31/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$4.00
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	
Date 05/31/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$8.13
	Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Interest on MM account	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 3/3 Rpt: 17/17
2 FILER NAME Republican Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4 Date 06/30/2023	5 Name of person from whom amount is received Frost Bank	8 Amount (\$) \$3.92
6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162		
7 Purpose for which amount is received Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer		
Date 06/30/2023	Name of person from whom amount is received Frost Bank	Amount (\$) \$7.31
Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162		
Purpose for which amount is received Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer		