FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016635 3 COMMITTEE NAME **OFFICE USE ONLY** Metroplex Republican Women's Club Date Received **ELECTRONICALLY FILED** 01/12/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5604 Edwards Dr Date Hand-delivered or Date Postmarked Change of Address Arlington, TX 76017 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pamela NAME NICKNAME LAST **SUFFIX** Grayson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5604 Edwards Drive STREET **ADDRESS** (Residence or Business) Arlington, TX 87017 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5604 Edwards Drive MAILING **ADDRESS** Arlington, TX 87017 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 253-9055 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2023 12/31/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** X Other Month Day Year Primary Runoff 11/07/2023 General Special Local/state only. **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Metroplex Republica	n Women's Club		00016635	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,697.90
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	16,957.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	19,004.22
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	l		<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Pamela	Grayson	
		Signature of Car		rer
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis 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 offic	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					3 of 19
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commissio	n Filers)
Ме	troplex	Republican Women's Club	00016635	•	,
19 SC					
NA	ME OF	SCHEDULE		SUBTOTAL A	MOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,957.90
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9. SCHEDULE E: LOANS				\$	
10.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	
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.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	13,185.51
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/19		
2	FILER NAME Metroplex Re	epublican Women's Club		3	Filer ID (Ethics Commission 00016635	n Filers)	
4	Date 11/16/2023	Anderson, Carol (Mrs.)	Anderson, Carol (Mrs.)		Amount of Contribution (\$)	\$500.00	
8	Principal occu	North Richland HIlls, TX 76180 pation / Job title (See Instructions)	9 Employer (See Instructions	.)			
•	Retired	pation / 300 title (See Instituctions)	3 Employer (See Instructions	')			
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Anderson, Robert (Mr.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$540.00		
	Principal occu Retired	N Richland Hills, TX 76180 pation / Job title (See Instructions)	Employer (See Instructions	5)			
	Date 09/09/2023	Full name of contributor out-of-state PAC (ID#:_Birdwell, Wade (Judge) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$125.00	
	Principal occu Judge	Arlington, TX 76013 pation / Job title (See Instructions)	Employer (See Instructions State of Texas	5)			
	Date 09/09/2023	Full name of contributor out-of-state PAC (ID#: Birdwell, Wade (Judge) Contributor address; City; State; Zip Code Arlington, TX 76013			Amount of Contribution (\$)	\$135.00	
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions State of Texas	<u> </u>			
Date Full name of contributor out-of-state PAC (ID#:) O9/09/2023 Childress, Mark (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76126			Amount of Contribution (\$)	\$730.00			
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	i)			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A				
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/19		
2	FILER NAME				3	Filer ID (Ethics Commission	on Filers)
		epublican Women's Club				00016635	
4	Date 09/09/2023	5 Full name of contributor Childress, Mark (Mr.)6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$)	\$270.00
		Fort Worth, TX 76107					
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2023	Cottam, Kelly (Mrs.)					\$1,500.00
		Contributor address; City; State	; Zip Code				
		Colleyville, TX 76034					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Adjunct Faculty Private Medical Group		Private Medical Group				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	10/26/2023	Downs, Joel (Mr.)					\$250.00
		Contributor address; City; State Bedford, TX 76021	; ZIP Code				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Retired	,		N/A	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2023	Fitzgerald, Kimberly (Judge) Contributor address; City; State				(,)	\$500.00
		Colleyville, TX 76034					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions Tarrant County, TX)		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2023	Flores, Mando (Mr.)					\$405.00
	Contributor address; City; State; Zip Code						
	Dringing coor	Fort Worth, TX 76164		Employer (See Instructions	<u> </u>		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	m.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/19	
2	FILER NAME	epublican Women's Club			3	Filer ID (Ethics Commission 00016635	n Filers)
_		·			Ļ		
4	Date 09/09/2023	5 Full name of contributor Flores, Rene (Mr.)6 Contributor address; City; Sta	out-of-state PAC (ID#:)	 	Amount of Contribution (\$)	\$540.00
		Fort Worth, TX 76185-082	2				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u></u>		
	Business Ow	vner		Rene Flores Investigation	on		
	Date	Full name of contributor	out-of-state PAC (ID#:		Π	Amount of Contribution (\$)	
	09/09/2023	Gallagher, Pat (Judge)	Out of state 1 Ae (ID#			7 mileum of Commission (4)	\$250.00
	03/03/2023				l		Ψ230.00
		Contributor address; City; Sta	ite; zip Code				
		Fort Worth, TX 76116					
	Dringing con			Employer (Coo Instructions	<u>, </u>		
		pation / Job title (See Instructions)		Employer (See Instructions State of Texas	·)		
	Judge			State of Texas	_		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2023	Griffin, Andrew (Mr.)					\$540.00
		Contributor address; City; Sta	ite; Zip Code				
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Attorney			Self			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	09/09/2023	Jennings, James (Mr.)	_				\$540.00
		Contributor address; City; Sta	ite: 7in Code				
			, <u></u> .p				
		N Richland Hills, TX 76180)				
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>. </u>		
	Construction			Brick Doctor Corp	,		
	Doto	Full name of contributor		·	_	Amount of Contribution (f)	
	Date		out-of-state PAC (ID#:)		Amount of Contribution (\$)	ΦΕ 4Ω ΩΩ
	09/09/2023	Kapelowitz, Michael (Mr.)					\$540.00
		Contributor address; City; Sta	te; Zip Code				
		O					
		Crowley, TX 76036-3441			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Court Coordi	inator		Tarrant County, TX			

MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/19	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
		epublican Women's Club	_			00016635	
4	Date 09/09/2023	5 Full name of contributor Krause, Matt (Mr.)6 Contributor address; City; St	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$540.00
Ω	Principal occu	Fort Worth, TX 76117 pation / Job title (See Instructions) le	Employer (See Instructions			
0	Attorney	pation / 300 title (See instructions	,	Self	>)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Munford, James (Judge) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$500.00		
		Fort Worth, TX 76124	, 1		Ĺ		
Principal occupation / Job title (See Instructions) Employer (See Instructions Associate Judge State of TX		5)					
	Date Full name of contributor out-of-state PAC (ID#:) 09/11/2023 Munford, Terry (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Fort Worth, TX 76112					
	Principal occu Buyer	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Pierson, Donald (Judge) Contributor address; City; State; Zip Code Fort Worth, TX 76147			Amount of Contribution (\$)	\$540.00			
	Principal occu Judge	pation / Job title (See Instructions)	Employer (See Instructions Tarrant County, TX	5)		
Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Porter , Andy (Judge) Contributor address; City; State; Zip Code Fort Worth, TX 76147		•	Amount of Contribution (\$)	\$200.00			
	Principal occu District Judge	pation / Job title (See Instructions e)	Employer (See Instructions State of Texas	s)		
			•				

MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/19	
2	FILER NAME Metroplex R	epublican Women's Club		3	Filer ID (Ethics Commission 00016635	on Filers)
4	Date 08/24/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$250.00
_	Discipal	Fort Worth, TX 76244	10. 5			
8	Retired	ipation / Job title (See Instructions)	9 Employer (See Instructions N/A)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Rayburn, Shelley (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Dringing Logg	Fort Worth, TX 76244	Employer (Coo Instructions			
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions N/A)				
	Date Full name of contributor out-of-state PAC (ID#:) 09/07/2023 Strzinek, Judy (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
		N Richland Hills, TX 76180				
	Principal occu Retired	ipation / Job title (See Instructions)	Employer (See Instructions N/A)		
	Date 09/07/2023	Full name of contributor out-of-state PAC (ID#:_ Strzinek, Robert (Dr.) Contributor address; City; State; Zip Code N Richland Hills, TX 76180			Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions Self)		
Date Full name of contributor out-of-state PAC (ID#:) O9/09/2023 Strzinek, Robert (Dr.) Contributor address; City; State; Zip Code N Richland Hills, TX 76180			Amount of Contribution (\$)	\$1,000.00		
	Principal occu Physician	ipation / Job title (See Instructions)	Employer (See Instructions Self)		

	MONEI	ARY POLITICAL (CONTRIBUTION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/19	
2	FILER NAME Metroplex Re	epublican Women's Club			3	Filer ID (Ethics Commission 00016635	n Filers)
4	Date 09/09/2023	5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$250.00	
8	Principal occu State Senato	Arlington, TX 76003 pation / Job title (See Instructions	9	Employer (See Instructions State of Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/28/2023 Ulbrich, Diane (Mrs.) Contributor address; City; State; Zip Code Grapevine, TX 76051			Amount of Contribution (\$)	\$100.00		
Principal occupation / Job title (See Instructions) Retired Employer (See Instructions) N/A		5)					
Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Ulbrich, Diane (Mrs.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$125.00			
	•	Grapevine, TX 76051 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Retired N/A Date Full name of contributor out-of-state PAC (ID#:) Williams, Connie (Mrs.) Contributor address; City; State; Zip Code Fort Worth, TX 76102		•	Amount of Contribution (\$)	\$250.00			
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions	<u>I</u> S)		
Date Full name of contributor out-of-state PAC (ID#:) 09/09/2023 Wright, Doug (Mr.) Contributor address; City; State; Zip Code Fort Worth, TX 76107		•	Amount of Contribution (\$)	\$540.00			
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions Self	<u>.</u> S)		

	The Instruction Guide explains how to	complete this form.
Total pages Schedule I: Sch: 1/10 Rpt:	FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635
4 Date 09/15/2023	5 Payee name Anderson, Carol (Mrs.)	
6 Amount (\$)	7 Payee Address; City; State; Zip	
69.90	5000 Meadow Lakes	
Expenditure from corporate funds	N Richland Hills, TX 76180	_
8 PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Event Expense	Donuts for Tarrant County GOP/MRW breakfast meeting
Date 09/15/2023	Payee name Anderson, Carol (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
509.97	5000 Meadow Lakes	
Expenditure from		
corporate funds	N Richland Hills, TX 76180	T
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for purchase of Golf Tournament
EXPENDITURE	Event Expense	prizes
Date	Payee name	
10/11/2023	Anderson, Carol (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
237.50	5000 Meadow Lakes	
Expenditure from corporate funds	N Richland Hills, TX 76180	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Reimbursement	50% of fees paid for attendance at NFRW National Convention
Date	Payee name	
11/13/2023	Anderson, Carol (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
102.39	5000 Meadow Lakes	
Expenditure from corporate funds	N Richland Hills, TX 76081	
PURPOSE OF		(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Convention Attendance	Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention

	The Instruction Guide explains how to	complete this form.		
Total pages Schedule I: Sch: 2/10 Rpt:	FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635		
4 Date	5 Payee name	•		
08/28/2023	Ashby, James (Mr.)			
6 Amount (\$)	7 Payee Address; City; State; Zip			
250.00	604 West Harwood			
Expenditure from corporate funds	Euless, TX 76039			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	·		
OF EXPENDITURE	Gift/Awards/Memorials Expense	Thank you for Meeting Presentations		
Date	Payee name			
09/29/2023	Bear Creek Golf Club			
Amount (\$)	Payee Address; City; State; Zip			
5,207.24	3500 Bear Creek Court			
Expenditure from	Dallas, TX 75261			
corporate funds PURPOSE		(b) Description (See instructions regarding type of information required.)		
OF	Event Expense	Balance of Payment for Hosting 09/09/23 MRW Golf		
EXPENDITURE	'	Tournament		
Date	Payee name			
11/07/2023	Downs, Joanne (Mrs.)			
Amount (\$)	Payee Address; City; State; Zip			
102.39	105 Hurstview			
Expenditure from	Livret TV 700F2			
corporate funds	Hurst, TX 76053			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Convention Attendance	(b) Description (See instructions regarding type of information required.) Reimbursement for 50% of fees paid for attendance		
EXPENDITURE	Convenient Mondaines	at TFRW Biennial Convention		
Date	Payee name			
11/06/2023	Easton, Janna (Mrs.)			
Amount (\$)	Payee Address; City; State; Zip			
102.39	2213 Wembley Wood			
Expenditure from	Dedfeed TV 70000			
corporate funds	Bedford, TX 76022			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Convention Attendance	(b) Description (See instructions regarding type of information required.) Reimbursement of 50% of fees paid for attendance		
EXPENDITURE	Convenient, mendance	at TFRW Biennial Convention		
		· · · · · · · · · · · · · · · · · · ·		

	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule I:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/10 Rpt:	Metroplex Republican Women's Club 00016635			
4 Date	5 Payee name			
10/16/2023	Extra Space Storage			
6 Amount (\$)	7 Payee Address; City; State; Zip			
86.64	1204 Euless Blvd			
Expenditure from corporate funds	Euless, TX 76040			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
OF EXPENDITURE	Office Overhead/Rental Expense Initial payment for rental of storage space for MRW			
_,, _,,_,,	misc.			
Date	Payee name			
11/20/2023	Extra Space Storage			
Amount (\$)	Payee Address; City; State; Zip			
36.00	1204 Euless Blvd			
Expenditure from				
corporate funds	Euless, TX 76040			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Office Overhead/Rental Expense Storage space rental			
Date	Payee name			
12/18/2023	Extra Space Storage			
Amount (\$)	Payee Address; City; State; Zip			
36.00	1204 Euless Blvd			
Expenditure from				
corporate funds	Euless, TX 76040			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Storage space rental			
EXPENDITURE	Office Overhead/Rental Expense Storage space rental			
Date	Payee name			
10/10/2023	Grayson, Pamela (Mrs.)			
Amount (\$)	Payee Address; City; State; Zip			
275.00	5604 Edwards Drive			
Expenditure from				
corporate funds	Arlington, TX 76017			
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)			
EXPENDITURE	Reimbursement 50% of fees paid for attendance at NFRW Annual Convention			
	Sollonius II			

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt:	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	·
10/30/2023	Grayson, Pamela (Mrs.)	
6 Amount (\$)	7 Payee Address; City; State; Zip	
102.39	5604 Edwards Drive	
Expenditure from corporate funds	Arlington, TX 76107	
8 PURPOSE		(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Reimbursement	50% of fees paid for attendance at TFRW Biennial Convention
		Convention
Date	Payee name	
11/01/2023	Ingram, Linda (Ms.)	
Amount (\$)	Payee Address; City; State; Zip	
	2525 Highway 360	
131.12 Expenditure from	#1623	
corporate funds	Euless, TX 76039	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Convention Attendance	Reimbursement for 50% of fees paid for attendance
EXI ENDITORE		at TFRW Biennial Comvention
Date	Payee name	
08/01/2023	Mulholland's	
Amount (\$)	Payee Address; City; State; Zip	
23.16	1200 W Berry St	
Expenditure from	Fort Worth, TX 76110	
corporate funds PURPOSE		(b) Description (See instructions regarding type of information required.)
OF	Member Name Tags	Member Name Tags
EXPENDITURE		and the state of t
Date	Payee name	
12/15/2023	Mulholland's	
Amount (\$)	Payee Address; City; State; Zip	
23.16	1200 W Berry St	
Expenditure from		
corporate funds	Fort Worth, TX 76110	Γα.
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Name tags	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Name tags	Member Name Tag(s)
	1	

	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I: Sch: 5/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635				
4 Date 09/08/2023	5 Payee name Mulhollands				
6 Amount (\$) 19.16 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1200 W Berry St Fort Worth, TX 76110				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Member Name Tags (b) Description (See instructions regarding type of information required.) Member Name Tags				
Date 07/27/2023	Payee name North Pointe Baptist Church				
Amount (\$) 150.00 Expenditure from corporate funds	Payee Address; City; State; Zip 147 E. Hurst Blvd Hurst, TX 76053				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Space Rental				
Date 08/24/2023	Payee name North Pointe Baptist Church				
Amount (\$)	Payee Address; City; State; Zip				
150.00	147 E. Hurst Blvd				
Expenditure from corporate funds	Hurst, TX 76053				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Space Rental				
Date 10/02/2023	Payee name North Pointe Baptist Church				
Amount (\$)	Payee Address; City; State; Zip				
150.00 Expenditure from corporate funds	147 E. Hurst Blvd Hurst, TX 76053				
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Event Expense Space Rental				

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 6/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635
4	Date	5 Payee name
	10/30/2023	North Pointe Baptist Church
6	Amount (\$)	7 Payee Address; City; State; Zip
	150.00	147 E. Hurst Blvd
_	Expenditure from	
	corporate funds	Hurst, TX 76053
8	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
	OF EXPENDITURE	Event Expense Space Rental
	Date	Payee name
	11/21/2023	North Pointe Baptist Church
	Amount (\$)	Payee Address; City; State; Zip
	150.00	147 E. Hurst Blvd
_	Expenditure from	
	corporate funds	Hurst, TX 76053
	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
	OF EXPENDITURE	Event Expense Space Rental
	Date	Payee name
	12/04/2023	Office Max
	Amount (\$)	Payee Address; City; State; Zip
	108.46	4619 S Cooper St
_	Expenditure from	
<u>_</u>	corporate funds	Arlington, TX 76017
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense (b) Description (See instructions regarding type of information required.) Misc office supplies
	EXPENDITURE	Office Overhead/Rental Expense Misc office supplies
	Date	Payee name
	11/06/2023	Ponder, Dotty (Mrs.)
	Amount (\$)	Payee Address; City; State; Zip
	102.39	2802 Cottonwood Ln
_	Expenditure from	
	corporate funds	Colleyville, TX 76034
	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding type of information required.)
	OF EXPENDITURE	Convention Attendance Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention
		at I FRVV Dietitilai Convention

	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I: Sch: 7/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635					
4 Date 12/19/2023	5 Payee name Ponder, Dotty (Mrs.)					
6 Amount (\$) 69.95	7 Payee Address; City; State; Zip 2802 Cottonwood Ln					
Expenditure from corporate funds	Colleyville, TX 76034					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Reimbursement for food supplied to Club for Thanksgiving Lunch Meeting					
Date 12/19/2023	Payee name Ponder, Dotty (Mrs.)					
Amount (\$) 196.64 Expenditure from corporate funds	Payee Address; City; State; Zip 2802 Cottonwood Ln Colleyville, TX 76034					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense (b) Description (See instructions regarding type of information required.) Reimbursement for postcards / postage for annual Club Christmas Luncheon					
Date 10/03/2023	Payee name Porter, Cheryln (Ms.)					
Amount (\$)	Payee Address; City; State; Zip					
244.85	167 Red Baron Ct					
Expenditure from corporate funds	Rhome, TX 76078					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense Expenses associated with lunch provision for Monthly General Meeting					
Date 11/22/2023	Payee name Reininger, Bonnie (Mrs.)					
Amount (\$) 102.39	Payee Address; City; State; Zip 8200 Vine Wood Dr					
Expenditure from corporate funds	N Richland Hills, TX 76182					
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Convention Attendance (b) Description (See instructions regarding type of information required.) Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention					

	The Instruction Guide explains how to complete this form.				
Total pages Schedule I: Sch: 8/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635				
4 Date 12/12/2023	5 Payee name River Crest Country Club				
6 Amount (\$) 2,667.72 Expenditure from corporate funds	7 Payee Address; City; State; Zip 1501 Western Ave Fort Worth, TX 76107				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Hosting and catering of Club Annual Christmas Luncheon				
Date 11/20/2023	Payee name Square, Inc.				
Amount (\$) 95.26 Expenditure from corporate funds	Payee Address; City; State; Zip 1455 Market St Ste 600 San Francisco, CA 94103				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense Upgrade to equipment used to accept credit/debit card payments				
Date 12/29/2023	Payee name Texas Federation of Republican Women				
Amount (\$) 20.20 Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183 Suite J4 Austin, TX 78750-1832				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Annual Fee for membership processing				
Date 12/29/2023	Payee name Texas Federation of Republican Women				
Amount (\$) 885.50 Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183 Suite J4 Austin, TX 78750-1832				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees (b) Description (See instructions regarding type of information required.) Payment for 35 memberships for 2024				

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt:	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	
08/18/2023	The Mail Center LLC	
6 Amount (\$)	7 Payee Address; City; State; Zip	
62.38	365 E AVENIDA DE LOS ARBOLES	
Expenditure from	Unit B	
corporate funds	THOUSAND OAKS, CA 91360	[n] -
8 PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Postage
EXPENDITURE	, tavertiesing Expense	1 ustage
Date	Payee name	
08/18/2023	The Print Place	
Amount (\$)	Payee Address; City; State; Zip	
96.88	1110 Avenue H E	
Expenditure from		
corporate funds	Arlington, TX 76011	To a
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Advertising Expense	Postcard Printing
Date	Payee name	
08/23/2023	Thurlow, Annette (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
159.98	1316 Hardisty Rd	
Expenditure from	Delfe de TV 70004	
corporate funds	Bedford, TX 76021	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for Meeting Speaker Gifts
EXPENDITURE	Event Expense	Reinbursement for Meeting Speaker Girls
Date	Payee name	
12/27/2023	Thurlow, Annette (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
74.99	1316 Hardisty Rd	
Expenditure from		
corporate funds	Bedford, TX 76021	
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.)
EXPENDITURE	Event Expense	Reimbursement for gift card(s) presented to speakers at Club meetings
		·
	1	1

			The Instruction Guide explains how to	CC	mplete this	fo	rm.	
1	Total pages Schedule I: Sch: 10/10 Rpt:	2	FILER NAME Metroplex Republican Women's Club			3	Filer ID 00016635	(Ethics Commission Filers)
4	Date 11/09/2023	5	Payee name Ulbrich, Diane (Mrs.)					
6	Amount (\$) 102.39 Expenditure from corporate funds	7	Payee Address; City; State; Zip 2912 Sweet Briar St Grapevine, TX 76051					
8	PURPOSE OF EXPENDITURE	(a	Category (See instructions for examples of acceptable categories) Convention Attendance	(b)	Docomption	ent :	for 50% of fe	ding type of information required.) ees paid for attendance n
	Date 11/24/2023		Payee name Warner, Darlene (Ms.)					
	Amount (\$) 131.12 Expenditure from corporate funds		Payee Address; City; State; Zip 1621 Heathermore Colleyville, TX 76034-6643					
	PURPOSE OF EXPENDITURE	(a)	Category (See instructions for examples of acceptable categories) Convention Attendance	(b)	•	ent	for 50% of fe	ding type of information required.) ees paid for attendance
				•				