

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Metroplex Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00016635
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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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,697.90
	<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)	\$ 16,957.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,004.22
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.

Pamela Grayson

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 Metroplex Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00016635
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,957.90
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
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	\$ 13,185.51
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: 1/6 Rpt: 4/19
2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 11/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol (Mrs.)	7 Amount of Contribution (\$) \$500.00
	6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Robert (Mr.)	Amount of Contribution (\$) \$540.00
	Contributor address; City; State; Zip Code N Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdwell, Wade (Judge)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birdwell, Wade (Judge)	Amount of Contribution (\$) \$135.00
	Contributor address; City; State; Zip Code Arlington, TX 76013	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childress, Mark (Mr.)	Amount of Contribution (\$) \$730.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76126	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childress, Mark (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76107	7 Amount of Contribution (\$) \$270.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cottam, Kelly (Mrs.) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) Adjunct Faculty		Employer (See Instructions) Private Medical Group
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Downs, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code Bedford, TX 76021	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kimberly (Judge) <hr/> Contributor address; City; State; Zip Code Colleyville, TX 76034	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Tarrant County, TX
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Mando (Mr.) <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76164	Amount of Contribution (\$) \$405.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/19
2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Rene (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76185-0822	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Rene Flores Investigation
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gallagher, Pat (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76116	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) State of Texas
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Andrew (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code N Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Brick Doctor Corp
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kapelowitz, Michael (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Crowley, TX 76036-3441	
Principal occupation / Job title (See Instructions) Court Coordinator		Employer (See Instructions) Tarrant County, TX

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/19
2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Matt (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76117	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munford, James (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76124	
Principal occupation / Job title (See Instructions) Associate Judge		Employer (See Instructions) State of TX
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munford, Terry (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76112	
Principal occupation / Job title (See Instructions) Buyer		Employer (See Instructions) Lockheed Martin
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierson, Donald (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76147	
Principal occupation / Job title (See Instructions) Judge		Employer (See Instructions) Tarrant County, TX
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter , Andy (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76147	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions) State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/19
2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 08/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayburn, Shelley (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Fort Worth, TX 76244	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rayburn, Shelley (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76244	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strzinek, Judy (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code N Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strzinek, Robert (Dr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code N Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strzinek, Robert (Dr.)	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code N Richland Hills, TX 76180	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/19
2 FILER NAME Metroplex Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00016635
4 Date 09/09/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinderholt, Tony (Sen.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Arlington, TX 76003	
8 Principal occupation / Job title (See Instructions) State Senator		9 Employer (See Instructions) State of Texas
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbrich, Diane (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ulbrich, Diane (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Grapevine, TX 76051	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Connie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 09/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Doug (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 1/10 Rpt:	2 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 (\$) 69.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5000 Meadow Lakes N Richland Hills, TX 76180	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Donuts for Tarrant County GOP/MRW breakfast meeting
Date 09/15/2023	Payee name Anderson, Carol (Mrs.)	
Amount (\$) 509.97 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5000 Meadow Lakes N Richland Hills, TX 76180	
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 purchase of Golf Tournament prizes
Date 10/11/2023	Payee name Anderson, Carol (Mrs.)	
Amount (\$) 237.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5000 Meadow Lakes N Richland Hills, TX 76180	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Reimbursement	(b) Description (See instructions regarding type of information required.) 50% of fees paid for attendance at NFRW National Convention
Date 11/13/2023	Payee name Anderson, Carol (Mrs.)	
Amount (\$) 102.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 5000 Meadow Lakes N Richland Hills, TX 76081	
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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635
4 Date 08/28/2023	5 Payee name Ashby, James (Mr.)	
6 Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 604 West Harwood Eules, TX 76039	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Thank you for Meeting Presentations
Date 09/29/2023	Payee name Bear Creek Golf Club	
Amount (\$) 5,207.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 3500 Bear Creek Court Dallas, TX 75261	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Balance of Payment for Hosting 09/09/23 MRW Golf Tournament
Date 11/07/2023	Payee name Downs, Joanne (Mrs.)	
Amount (\$) 102.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 105 Hurstview Hurst, TX 76053	
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
Date 11/06/2023	Payee name Easton, Janna (Mrs.)	
Amount (\$) 102.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2213 Wembley Wood Bedford, TX 76022	
PURPOSE OF EXPENDITURE	(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 at TFRW Biennial Convention

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 4/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635
4 Date 10/30/2023	5 Payee name Grayson, Pamela (Mrs.)	
6 Amount (\$) 102.39 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 5604 Edwards Drive Arlington, TX 76107	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Reimbursement	(b) Description (See instructions regarding type of information required.) 50% of fees paid for attendance at TFRW Biennial Convention
Date 11/01/2023	Payee name Ingram, Linda (Ms.)	
Amount (\$) 131.12 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2525 Highway 360 #1623 Eules, TX 76039	
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
Date 08/01/2023	Payee name Mulholland's	
Amount (\$) 23.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1200 W Berry St Fort Worth, TX 76110	
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 12/15/2023	Payee name Mulholland's	
Amount (\$) 23.16 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1200 W Berry St Fort Worth, TX 76110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Name tags	(b) Description (See instructions regarding type of information required.) Member Name Tag(s)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 (\$) 150.00 <input type="checkbox"/> 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 10/02/2023	Payee name North Pointe Baptist Church	
Amount (\$) 150.00 <input type="checkbox"/> 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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 10/30/2023		5 Payee name North Pointe Baptist Church			
6 Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 147 E. Hurst Blvd Hurst, TX 76053			
8 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 11/21/2023		Payee name North Pointe Baptist Church			
Amount (\$) 150.00 <input type="checkbox"/> 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 12/04/2023		Payee name Office Max			
Amount (\$) 108.46 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 4619 S Cooper St Arlington, TX 76017			
PURPOSE OF EXPENDITURE		(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	
Date 11/06/2023		Payee name Ponder, Dotty (Mrs.)			
Amount (\$) 102.39 <input type="checkbox"/> 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) Convention Attendance		(b) Description (See instructions regarding type of information required.) Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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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 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 2802 Cottonwood Ln 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 <input type="checkbox"/> 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, Cheryl (Ms.)	
Amount (\$) 244.85 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 167 Red Baron Ct Rhome, TX 76078	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Expenses associated with lunch provision for Monthly General Meeting
Date 11/22/2023	Payee name Reininger, Bonnie (Mrs.)	
Amount (\$) 102.39 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 8200 Vine Wood Dr 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	(b) Description (See instructions regarding type of information required.) Upgrade to equipment used to accept credit/debit card payments
Date 12/29/2023	Payee name Texas Federation of Republican Women	
Amount (\$) 20.20 <input type="checkbox"/> 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 <input type="checkbox"/> 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 10/10 Rpt:	2 FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635
4 Date 11/09/2023	5 Payee name Ulbrich, Diane (Mrs.)	
6 Amount (\$) 102.39 <input type="checkbox"/> 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) Description (See instructions regarding type of information required.) Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention
Date 11/24/2023	Payee name Warner, Darlene (Ms.)	
Amount (\$) 131.12 <input type="checkbox"/> 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) Description (See instructions regarding type of information required.) Reimbursement for 50% of fees paid for attendance at TFRW Biennial Convention