GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 00063870 00063870				2 Total pages filed: 16	
3	COMMITTEE NAME					OFFICE USE ONLY
	Tarrant County De	mocratic Women's Club				Date Received
						ELECTRONICALLY FILED 01/06/2024
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	Y;	STATE; ZIP (CODE	
	ADDRESS	P.O. Box 471181				Date Hand-delivered or Date Postmarked
	Change of Address					
		Fort Worth, TX 76147				Receipt # Amount
						Date Processed
						Date Imaged
						Date imageu
5	CAMPAIGN	MS / MRS / MR FIRST				MI
	TREASURER NAME	Joyce				
		NICKNAME LAST				SUFFIX
		Franklin				
6		STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER STREET	4609 Pangolin Dr.				
	ADDRESS					
	(Residence or Business)	Fort Worth, TX 76244				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #;	CITY;	STATE; ZIP CODE
	TREASURER MAILING	4609 Pangolin Dr.				
	ADDRESS					
	Change of Address	Fort Worth, TX 76244				
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXT	ENSION		
	TREASURER	(817) 524-8219				
	PHONE					
9	REPORT	X January 15 30)th d	ay before election		Dissolution (Attach PAC-DR)
	TYPE		h dav	y before election		10th day after campaign treasurer
		July 15				termination
			unoff			
10	PERIOD	Month Day Year		Month	Day	Year
	COVERED	07/01/2023 TH	IRC	UGH 12	/31/2023	3
L						
11	ELECTION	ELECTION DATE)ri		ΓΥΡΕ	Cthor
		Month Day Year	Prima			XOther
			Sene	ral Special		Semi annual report
	GO TO PAGE 2					
For	rms provided by Te	xas Ethics Commission www.et	hics	s.state.tx.us		Version V3.5.1.0bfcfb67

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Tarrant County Democr	atic Women's Club		00063870			
14 COMMITTEE ACTIVITY	1. 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				
	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	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	8,358.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	9,211.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,148.01		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	22,097.41		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	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.						
	Joyce Franklin					
	Signature of Campaign Treasurer					
AFFIX NOTARY	STAMP / SEAL ABOVE					
		, tł	nis the	day		
01	_, 20, to certify v	vhich, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.0bfcfb67		

FORM GPAC COVER SHEET PG 3 3 of 16

17 COMMITTI	17 COMMITTEE NAME 18 Filer ID (E		
Tarrant C	ounty Democratic Women's Club	00063870	
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	\$ 9,211.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION 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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 9,148.01
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.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SUBTOTALS - GPAC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/16			
2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
Tarrant County Democratio	c Women's Club		00063870	
4 Date 5 Full name of	of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/11/2023 Candelaria				\$100.00
6 Contributor	address; City; State; Zip Code			
Graneving	e, TX 76051			
8 Principal occupation / Job title		9 Employer (See Instructions))	
Not Employed		Not Employed)	
)	Amount of Contribution (\$)	÷ (5 00
10/13/2023 Candelaria	-			\$45.00
Contributor	address; City; State; Zip Code			
Cropoving	TV 76061			
· · · ·	e, TX 76051	Employer (Cool Instructions	\	
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	5)	
Not Employed		Not Employed	1	
)	Amount of Contribution (\$)	
11/06/2023 Candelaria	-			\$45.00
Contributor	address; City; State; Zip Code			
Grapevine	e, TX 76051			
Principal occupation / Job title		Employer (See Instructions	<u></u>	
Not Employed		Not Employed)	
			Δ	
)	Amount of Contribution (\$)	<u>ቀጋ 00</u>
09/09/2023 Franklin, J	-			\$3.00
Contributor	address; City; State; Zip Code			
Keller, TX	76244			
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions) ;)	
Not employed		Not employed		
Date Full name of	of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
11/02/2023 Franklin, J				\$50.00
	address; City; State; Zip Code			
Keller, TX	76244			
Principal occupation / Job title	e (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Not employed		Not employed		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Т	The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/16
2 FI	ILER NAME			3 Filer ID (Ethics Commission Filers)
		nty Democratic Women's Club		00063870
4 Da	ate	5 Full name of contributor out-of-state PAC (ID#:_)	7 Amount of Contribution (\$)
10	0/27/2023	Franklin, Joyce		\$45.00
		6 Contributor address; City; State; Zip Code		1
		Keller, TX 76244		
		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
N	ot employe	:d	Not employed	
Da	ate	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
11	1/11/2023	Franklin, Joyce		\$75.00
		Contributor address; City; State; Zip Code		1
		Keller, TX 76244		
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
N	ot employe	d	Not employed	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08	8/12/2023	Franklin, Joyce		\$25.00
		Contributor address; City; State; Zip Code		1
		Keller, TX 76244		
Pr	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
N	ot employe	:d	Not employed	
Da	ate	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07	7/08/2023	Kimmel, Cheryl		\$50.00
1		Contributor address; City; State; Zip Code		1
1				
1				
		Fort Worth, TX 76244		
Pr	rincipal occu	ipation / Job title (See Instructions)	Employer (See Instructions	
С	harles Sch	wab	Financial Services Profe	essional
Da	ate	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)
08/12/2023 Kimmel, Cheryl				\$25.00
		Contributor address; City; State; Zip Code		1
		Fort Worth, TX 76244		
		ipation / Job title (See Instructions)	Employer (See Instructions	s)
С	harles Sch	wab	Financial Services Profe	essional
			1	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/16		
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	nty Democratic Women's Club		00063870	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
09/09/2023	Kimmel, Cheryl			\$25.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244			
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Charles Schv	wab	Financial Services Profe	essional	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
09/09/2023	Kimmel, Cheryl			\$50.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244			
	pation / Job title (See Instructions)	Employer (See Instructions	·	
Charles Schv	wab	Financial Services Profe	essional	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/20/2023	Kimmel, Cheryl			\$45.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244	<u>.</u>		
	pation / Job title (See Instructions)	Employer (See Instructions		
Charles Schv	wab	Financial Services Profe	essional	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
10/14/2023	Kimmel, Cheryl			\$25.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244	I		
	pation / Job title (See Instructions)	Employer (See Instructions		
Charles Schv	Charles Schwab Financial Services Profe		essional	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)	
11/11/2023	Kimmel, Cheryl			\$55.00
	Contributor address; City; State; Zip Code]	
	Fort Worth, TX 76244	i		
	pation / Job title (See Instructions)	Employer (See Instructions		
Charles Schv	<i>w</i> ab	Financial Services Profe	essional	
Principal occur Charles Schv		Employer (See Instructions Financial Services Profe		

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 7/16 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Tarrant County Democratic Women's Club 00063870 5 Full name of contributor 4 Amount of Contribution (\$) Date out-of-state PAC (ID#: 7 11/01/2023 \$90.00 Moore, Vicki 6 Contributor address; City; State; Zip Code Haltom City, TX 76137 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 11/09/2023 \$100.00 Moore, Vicki Contributor address; City; State; Zip Code Haltom City, TX 76137 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not Employed Not Employed

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	Kpense Transportation Equipment & Related Expense Travel in District Travel Out of District Abor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 1/9 Rpt: 8/16	Tarrant County Democratic Women's Club	00063870		
4 Date	5 Payee name			
12/31/2023	ActBlue			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$249.02	P. O. Box 441146			
Expenditure from corporate funds	Sommerville, MA 02144			
8 PURPOSE OF EXPENDITURE		ntion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense Action Fees for period report		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
12/04/2023	Crystal Central LLC			
Amount (\$)	Payee address; City; State; Zip Code			
\$205.99	600 Summer St, #601			
Expenditure from corporate funds	Stamford, CT 06901			
PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense to outstanding member		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		
Date	Payee name			
12/05/2023	Dupre, Diana			
Amount (\$)	Payee address; City; State; Zip Code			
\$55.00	1612 Scenery Hill Road			
Expenditure from corporate funds	Fort Worth, TX 76103			
PURPOSE OF EXPENDITURE		ntion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense r past president		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	Event Expense Loan Rep Fees Office Ow Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E	ayment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense spense Travel in District xpes/Contract Labor OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 2/9 Rpt: 9/16	Tarrant County Democratic Women's Club	00063870	
4 Date	5 Payee name		
07/31/2023	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$5.00	1300 Summit Avenue		
Expenditure from corporate funds	Fort Worth, TX 76102		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bank fee for July	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	Ight Office held	
Date	Payee name		
08/03/2023	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5.00	1300 Summit Avenue		
Expenditure from corporate funds	Fort Worth, TX 76102		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fee for September	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	Ight Office held	
Date	Payee name		
09/29/2023	Frost Bank		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$5.00	1300 Summit Avenue		
Expenditure from corporate funds	Fort Worth, TX 76102		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fee for September	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Eve Fee Foo - Gift Committee Leg	nt Expense	Loan Repayı Office Overh Polling Expe Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense nse ense ges/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Sch: 3/9 Rpt: 10/16	Tarrant County	Democratic Women's	s Club		00063870
4 Date	5 Payee name				1
10/31/2023	Frost Bank				
6 Amount (\$)	7 Payee address;	City; Sta	ate; Zip Code	9	
\$5.00	1300 Summit A	Avenue			
Expenditure from corporate funds	Fort Worth, TX	76102			
8 PURPOSE	(a) Category (See C	ategories listed at the top of this	schedule) (I	Description	
OF EXPENDITURE	Accounting/Ba	nking			outside of Texas. Complete Schedule T.
				Bank Fee	n, TX, officeholder living expense
				Dankree	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeh	older name	Office sough	nt	Office held
Date	Payee name				
10/30/2023	Frost Bank				
Amount (\$)	Payee address;	City; Sta	ate; Zip Code	e	
\$5.00	1300 Summit /	Avenue			
Expenditure from corporate funds	Fort Worth, TX	76102			
PURPOSE OF EXPENDITURE	(a) Category _{(See C} Accounting/Ba	ategories listed at the top of this : nking	schedule) (I		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeh	older name	Office sough	nt	Office held
Date	Payee name				
12/31/2023	Frost Bank				
Amount (\$)	Payee address;	City; Sta	ate; Zip Code	9	
\$5.00	1300 Summit /	Avenue			
Expenditure from corporate funds	Fort Worth, TX	76102			
PURPOSE OF EXPENDITURE	(a) Category _{(See C} Accounting/Ba	ategories listed at the top of this : nking	schedule) (I		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeh	older name	Office sough	nt	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense Printing E Gift/Awards/Memorials Expense Printing E	xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 11/16	Tarrant County Democratic Women's Club		00063870
4 Date	5 Payee name	· · ·	
07/10/2023	Public Storage		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$29.00	5204 McCart Ave		
Expenditure from corporate funds	Fort Worth, TX 76115		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Complete Schedule T. K, officeholder living expense
		Storage Rent	
		-	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
08/03/2023	Public Storage		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$50.00	5204 McCart Ave		
Expenditure from corporate funds	Fort Worth, TX 76115		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		side of Texas. Complete Schedule T. K, officeholder living expense • August
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	ight	Office held
Date	Payee name		
09/05/2023	Public Storage		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$50.00	5204 McCart Ave		
Expenditure from corporate funds	Fort Worth, TX 76115		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1. (Trues Constate Cohodula T
EXPENDITURE	Office Overhead/Rental Expense		side of Texas. Complete Schedule T. K, officeholder living expense
		Storage fee for	September
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	lght	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	e Travel Out of District Contract Labor OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 5/9 Rpt: 12/16	Tarrant County Democratic Women's Club	00063870		
4 Date	5 Payee name			
10/03/2023	Public Storage			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$50.00	5204 McCart Ave			
Expenditure from corporate funds	Fort Worth, TX 76115			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Storage for October		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
10/03/2023	Public Storage			
Amount (\$)	Payee address; City; State; Zip Code			
\$50.00	5204 McCart Ave			
Expenditure from corporate funds	Fort Worth, TX 76115			
PURPOSE OF EXPENDITURE	Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Rent		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		
Date	Payee name			
12/04/2023	Public Storage			
Amount (\$)	Payee address; City; State; Zip Code			
\$62.00	5204 McCart Ave			
Expenditure from corporate funds	Fort Worth, TX 76115			
PURPOSE OF		Description		
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage Fee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held		

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 6/9 Rpt: 13/16	Tarrant County Democratic Women's Club	00063870	
4 Date	5 Payee name		
07/14/2023	Stage West Theater		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,325.00	821 W Vickery Blvd		
Expenditure from corporate funds	Fort Worth, TX 76104		
8 PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense offee for July	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
10/13/2023	Stage West Theater		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,325.00	821 W Vickery Blvd		
Expenditure from corporate funds	Fort Worth, TX 76104		
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense ee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	
Date	Payee name		
11/21/2023	Stage West Theater		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,101.00	821 W Vickery Blvd		
Expenditure from corporate funds	Fort Worth, TX 76104		
PURPOSE OF EXPENDITURE		el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense d Venue for Yesterday Party	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event E Fees Food/B - Gift/Aw Committee Legal S	Expense everage Expense ards/Memorials Expense Services Instruction Guide explains	Loan Repayr Office Overh Polling Exper Printing Exper Salaries/Wag	nent/Reimbursement ead/Rental Expense inse ense jes/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Rela Travel in District Travel Out of District OTHER (enter a category not liste	
1 Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Comr	nission Filers)
Sch: 7/9 Rpt: 14/16	Tarrant County Democratic Women's Club 00063870					,
4 Date	5 Payee name					
12/26/2023	Stage West Theater					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$505.00	821 W Vickery Blvd					
Expenditure from corporate funds	Fort Worth, TX 76104					
8 PURPOSE	(a) Category (See Cate	gories listed at the top of this sch	nedule) (k) Description		
OF EXPENDITURE	Event Expense				outside of Texas. Complete Schedule T	
LAFENDITORE					n, TX, officeholder living expense	
				Christmas Pa	arty	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officehold	der name (Office sough	t	Office held	
Date	Payee name					
07/06/2023	TCDWC Scholarship Fund					
Amount (\$)	Payee address;	•	; Zip Code	<u>`</u>		
.,	-	City, State	, Zip Coue	;		
\$1,500.00	PO Box 471181					
Expenditure from corporate funds	Fort Worth, TX 7	6147				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer to Scholarship Fund (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funding for Scholarship Fund					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
10/30/2023	TDW					
Amount (\$)	Payee address;	City; State	; Zip Code	9		
\$490.00	POB 301411					
Expenditure from corporate funds	Austin, TX 78703	3				
PURPOSE OF EXPENDITURE	(a) Category _{(See Cate} Fees	gories listed at the top of this sch	nedule) (k		outside of Texas. Complete Schedule T n, TX, officeholder living expense Dues	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officehold	der name (Office sough	t	Office held	

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 8/9 Rpt: 15/16	Tarrant County Democratic Women's Club00063870					
4 Date	5 Payee name					
10/27/2023	TDW					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$250.00	POB 301411					
Expenditure from corporate funds	Austin, TX 78703					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description (check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues					
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
12/27/2023	TDW					
Amount (\$)	Payee address; City; State; Zip Code					
\$130.00	POB 301411					
Expenditure from corporate funds	Austin, TX 78703					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Dues 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
10/13/2023	Tarrant County Democratic Woman's Club Scholarship Fund					
Amount (\$)	Payee address; City; State; Zip Code					
\$391.00	PO Box 471181					
Expenditure from corporate funds	Fort Worth, TX 76147					
PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Transfer to Scholarship Fund (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funding of Scholarship 					
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office O Food/Beverage Expense Polling E - Gift/Awards/Memorials Expense Printing E	epayment/Reinbursement Solicitation/Fundraising Expense tverhead/Rental Expense Transportation Equipment & Related Expense Expense Travel in District Expense Travel out of District /Wages/Contract Labor OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 EILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 9/9 Rpt: 16/16	Tarrant County Democratic Women's Club	00063870				
4 Date 11/27/2023	5 Payee name Tarrant County Democratic Woman's Club Scholarship Fund					
6 Amount (\$) \$300.00	 7 Payee address; City; State; Zip Co PO Box 471181 					
Expenditure from corporate funds	Fort Worth, TX 76147					
8 PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Scholarship Fund (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Funding for Scholarship Fund 					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sou	Dught Office held				