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) 00080094 3 COMMITTEE NAME **OFFICE USE ONLY** Cowtown Republican Women Date Received **ELECTRONICALLY FILED** 01/13/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 470152 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76147 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Debra A. NAME NICKNAME LAST **SUFFIX** Debbie Hunn STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 500 Throckmorton St #3006 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76102 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 500 Throckmorton St #3006 MAILING **ADDRESS** Fort Worth, TX 76102 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 994-9659 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** Month Day Year Primary Runoff Other 01/10/2024 χ General Special **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) |
|---|---|--|-----------------|----------------------------|
| Cowtown Republican Women | | | 00080094 | |
| 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 M X check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 1,165.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 1,665.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 3,064.72 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTING | CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD | DAY \$ | 3,852.16 |
| OUTSTANDING LOAN TOTALS | • | AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | • | | <u> </u> | |
| | | I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code. | | |
| | | Ms. Debi | ra A. Hunn | |
| | | Signature of Ca | mpaign Treasure | r |
| AFFIX NOTAR) | / STAMP / SEAL ABOVE | | | |
| Sworn to and subscribed | d before me, by the said | , ti | his the | day |
| | | which, witness my hand and seal of office. | | |
| | | | | |
| Signature of officer ac | dministering oath | Printed name of officer administering oath | Title of office | administering oath |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 3 of 12 |
|---|-------|--|--------------|--------------------|-----------|
| | | EE NAME | 18 Filer ID | (Ethics Commission | n Filers) |
| Co | wtown | | | | |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | SUBTOTAL A | MOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 1,665.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION: | S | \$ | 3,064.72 |
| 11. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 12. | | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | |
| 13. | X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 244.77 |
| 14. | X | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | ONS | \$ | 93.73 |
| 15. | Х | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 18.39 |
| | | | | | |

| | MONETARY POLITIC | AL CONTRIBUTIO | NS | | SCHEDUL | E A1 |
|---|---|---|---|----------------|----------------------------------|-------------|
| | The Instruction Guide explains how to complete this form. | | | l | nges Schedule A1: 1 Rpt: 4/12 | |
| 2 | FILER NAME Cowtown Republican Women | | | | (Ethics Commissio | n Filers) |
| 4 | 10/02/2023 Acosta, Aileen | Date 5 Full name of contributor out-of-state PAC (ID#:) | | 7 Amount | of Contribution (\$) | \$200.00 |
| | Fort Worth, TX 761 | | | | | |
| 8 | Principal occupation / Job title (See Inst Retired | ructions) | 9 Employer (See Instructions N/A | s) | | |
| | Date Full name of contribution 12/02/2023 Wilkinson, Melody Contributor address; Fort Worth, TX 761 | (Judge) City; State; Zip Code | | Amount | of Contribution (\$) | \$300.00 |
| | Principal occupation / Job title (See Inst Judge | | Employer (See Instructions Tarrant County | <u>I</u> s) | | |
| | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comr

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officenolder/Politica | The Instruction Guide explains how to complete this form. | | | |
|---|--|--|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | |
| Sch: 1/3 Rpt: 5/12 | Cowtown Republican Women 00080094 | | | |
| 4 Date | 5 Payee name | | | |
| 09/11/2023 | Blue Mesa Grill | | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | | |
| \$780.06 | 612 Carroll Street | | | |
| | | | | |
| Expenditure from corporate funds | Fort Worth, TX 76107 | | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | |
| | Event Expense for September Meeting | | | |
| | | | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | |
| expenditure to benefit C/OI | | | | |
| Date | Dayso nama | | | |
| 10/02/2023 | Payee name Blue Mesa Grill | | | |
| | | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$780.06 | 612 Carroll Street | | | |
| Expenditure from corporate funds | Fort Worth, TX 76107 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| | Check if Austin, TX, officeholder living expense | | | |
| | October CRW Meeting | | | |
| Complete ONLY if direct | Office hold | | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | |
| | | | | |
| Date | Payee name | | | |
| 11/06/2023 | Blue Mesa Grill | | | |
| Amount (\$) | Payee address; City; State; Zip Code | | | |
| \$780.06 | 612 Carroll Street | | | |
| Expenditure from | | | | |
| corporate funds | Fort Worth, TX 76107 | | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | |
| OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | |
| EXPENDITORE | Check if Austin, TX, officeholder living expense | | | |
| | October CRW Meeting | | | |
| | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | |
| experience to benefit 6/61 | <u>'</u> | | | |
| | | | | |
| | | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Legal Services

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/12 4 Date 10/03/2023 5 Payee rame North West Engravers 6 Amount (8) 5 105.54 7 Payee address; City; State; Zip Code 3 300 S Cherry Lane Corporate funds Corporate funds Fort Worth, TX 76116 8 PURPOSE OF EXPENDITURE 1 Candidate/Officeholder name Corporate funds Corporate fund | Credit Card Payment | The Instruction Guide explains how to co | mplete this form. |
|---|-----------------------------|--|----------------------------------|
| Sch: 2/3 Rpt: 6/12 | 1 Total pages Schedule F1: | | · • |
| North West Engravers | | | |
| Samount (\$) Samount (\$) | 4 Date | 5 Payee name | • |
| Expenditure from Complete DNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | 10/03/2023 | North West Engravers | |
| Expenditure from Complete DNLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held | 6 Amount (\$) | 7 Payee address; City; State; Zip Co | de |
| Expenditure from corporate funds 8 | | | |
| Complete ONLY if direct compares funds Fort Worth, TX 76116 | | Í | |
| OF EXPENDITURE Nametags ordered by members Canedidate/Officeholder name | | Fort Worth, TX 76116 | |
| Payee name TFRW Austin, TX 78750 PURPOSE EXPENDITURE Date O7/31/2023 Candidate/Officeholder name Office sought Office sought Office held | | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date O7/11/2023 TFRW Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 POR EXPENDITURE Payee name Office sought Office held | | Nametags ordered by members | |
| 9 Complete ONLY if direct expenditure to benefit C/OH Date 07/11/2023 | | | |
| Date 07/11/2023 Amount (\$) \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 PUPPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 07/31/2023 Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Office held Date 07/31/2023 Payee name 07/31/2023 TFRW Amount (\$) Payee name 07/31/2023 TFRW Amount (\$) Payee address; City; State; Zip Code \$175.00 \$175.00 \$1740 N Highway 183 Suite J4 Austin, TX 78750 Puppose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Office held (b) Description Check if avail outside of Texas. Complete Schedule T. Office held (b) Description Check if avail outside of Texas. Complete Schedule T. Office held Office held Office held Candidate/Officeholder name Office sought Office held Office held | | | Name rags Ordered by Members |
| Date 07/11/2023 Amount (\$) \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 PUPPOSE OF EXPENDITURE Candidate/Officeholder name Office sought Office held Date 07/31/2023 Payee address; City; State; Zip Code (a) Category (see Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought Office held Office held Date 07/31/2023 Payee name 07/31/2023 TFRW Amount (\$) Payee name 07/31/2023 TFRW Amount (\$) Payee address; City; State; Zip Code \$175.00 \$175.00 \$1740 N Highway 183 Suite J4 Austin, TX 78750 Puppose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Office held (b) Description Check if avail outside of Texas. Complete Schedule T. Office held (b) Description Check if avail outside of Texas. Complete Schedule T. Office held Office held Office held Candidate/Officeholder name Office sought Office held Office held | | | 200 |
| Date 07/11/2023 Payee name TFRW Amount (\$) Payee address; City; State; Zip Code \$250.00 \$250.00 \$250.00 \$250.00 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 Fees due to TFRW Complete QNLY if direct expenditure to benefit C/OH Date 07/31/2023 Payee name 07/31/2023 TFRW Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 Purpose OF EXPENDITURE (a) Category (see Categories listed at the top of this schedule) Fees (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if austin, TX, officeholder living expense Membership Fees due to TFRW (b) Description Comporate funds Purpose OF EXPENDITURE Candidate/Officeholder name Office sought Office held Office Poll Description Check if ravel outside of Texas. Complete Schedule T. Check if Russin, TX, officeholder living expense Membership Fees Due to TFRW Complete QNLY if direct Candidate/Officeholder name Office sought Office held | | | gnt Office held |
| Amount (\$) | oxportantare to serious ere | | |
| Amount (\$) | Date | Payee name | |
| \$250.00 | 07/11/2023 | TFRW | |
| \$250.00 | Amount (\$) | Payee address; City; State; Zip Co | de |
| Suite J4 Austin, TX 78750 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 07/31/2023 Amount (\$) Expenditure from corporate funds Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure from corporate funds Complete ONLY if direct Candidate/Officeholder name Office sought Office sought (b) Description Check if rused outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Iving expense Membership Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office sought Office held | \$250.00 | | |
| Complete ONLY if direct capenditure from corporate funds Complete ONLY if direct | , | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder I. Check if Austin, TX, officeholder living expense Membership Fees due to TFRW Complete ONLY if direct expenditure to benefit C/OH Date O7/31/2023 Payee name TFRW Amount (\$) Payee address; City; State; Zip Code \$175.00 \$13740 N Highway 183 Suite J4 Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if Austin, TX, officeholder Iving expense Membership Fees Due to TFRW (b) Description Check if Austin, TX, officeholder Iving expense Membership Fees Due to TFRW | | | |
| Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder Ining expense Membership Fees due to TFRW | | | |
| Cheek if Austin, TX, officeholder living expense Membership Fees due to TFRW | | (a) Category (See Categories listed at the top of this schedule) | |
| Complete ONLY if direct expenditure to benefit C/OH Date Payee name 7/31/2023 TFRW Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fees Due to TFRW Membership Fees due to TFRW | | Fees | |
| Complete ONLY if direct expenditure to benefit C/OH Date | | | |
| Date 07/31/2023 Payee name TFRW Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 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 Fees Due to TFRW | | | membereriip i eee dde te ii itti |
| Date 07/31/2023 Payee name TFRW Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 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 Fees Due to TFRW | Complete ONLY if direct | Candidate/Officeholder name Office sou | oht Office held |
| TFRW Amount (\$) | | | grit Office Held |
| TFRW Amount (\$) | | | |
| Amount (\$) Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4 Austin, TX 78750 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 Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Payee name | |
| \$175.00 Suite J4 | 07/31/2023 | TFRW | |
| Suite J4 Austin, TX 78750 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 Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | Amount (\$) | Payee address; City; State; Zip Co | de |
| Expenditure from corporate funds 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 Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | \$175.00 | 13740 N Highway 183 | |
| 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 Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Suite J4 | |
| 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 Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | Austin, TX 78750 | |
| Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Membership Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | • | | (h) Description |
| EXPENDITURE Check if Austin, TX, officeholder living expense Membership Fees Due to TFRW Complete ONLY if direct Candidate/Officeholder name Office sought Office held | | | · |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held | EXPENDITURE | rees | □ |
| | | | |
| | | | • |
| | Complete ONLY if direct | Candidate/Officeholder name Office sou | aht Office held |
| | | | 2 |
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| | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|
| 1 Total pages Schedule F1: | |
| Sch: 3/3 Rpt: 7/12 | Cowtown Republican Women 00080094 |
| 4 Date | 5 Payee name |
| 08/02/2023 | US Post Office |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$194.00 | 3101 W 6th |
| Expenditure from corporate funds | Fort Worth, TX 76107 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Mail Box Rental for CRW |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/3 Rpt: 8/12 Cowtown Republican Women 00080094 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD Date 5 Payee name 07/26/2023 Google Amount (\$) Payee address; State; Zip Code City; \$81.88 unknown unknown Expenditure from unknown, TX corporate funds **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office Expense for Website and Email Accounts 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 07/26/2023 Google Amount (\$) Payee address; City; State; Zip Code \$81.88 Unknown Unknown Expenditure from unknown, TX corporate funds **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website and Email Account Expenses Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/3 Rpt: 9/12 Cowtown Republican Women 00080094 \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/02/2023 Google Amount (\$) Payee address; State; Zip Code City; \$4.25 Unknown Unknown Expenditure from Unknown, TX corporate funds **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website and Email Expense 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 11/02/2023 Google Amount (\$) Payee address; City; State; Zip Code \$38.38 Unknown Unknown Expenditure from Unknown, TX corporate funds **TYPE OF** Non-Political Political Х **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website and Email Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) 00080094 Sch: 3/3 Rpt: 10/12 Cowtown Republican Women \$ TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 12/04/2023 Google Amount (\$) Payee address; City; State; Zip Code \$38.38 Unknown Unknown Expenditure from Unknown, TX corporate funds TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website and Email Expense Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

| | The Instruction Guide explains how to complete this form. | | | | |
|---|---|--|---|----------|------------------------------------|
| 1 | Total pages Schedule I: | Priler Name | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 1/1 Rpt: | Cowtown Republican Women | | 00080094 | |
| 4 | Date | 5 Payee name | | | |
| | 12/31/2023 | First Financial Bank | | | |
| 6 | Amount (\$) | Payee Address; City; State; Zip | | | |
| | 63.90 | 1000 Forest Park Blvd | | | |
| | Expenditure from corporate funds | Fort Worth, TX 76116 | | | |
| 8 | PURPOSE OF EXPENDITURE | a) Category (See instructions for examples of acceptable categories) Accounting/Banking Banking Fees | • | - | ing type of information required.) |
| | Date | Payee name | | | |
| | 12/31/2023 | Square | | | |
| | Amount (\$) | Payee Address; City; State; Zip | | | |
| | 29.83 | 1455 Market Street | | | |
| | Expenditure from | Suite 600 | | | |
| | corporate funds | San Francisco, CA 94103 | | | |
| | PURPOSE OF EXPENDITURE | a) Category (See instructions for examples of acceptable categories) Credit Card Payment Credit Card F | • | - | ing type of information required.) |
| | | | | | |

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 12/12 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Cowtown Republican Women 00080094 8 Amount (\$) Date 5 Name of person from whom amount is received 12/31/2023 \$18.39 First Financial Bank 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76110 Purpose for which amount is received Check if political contribution returned to filer Interest on Checking Account