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) 00065057 3 COMMITTEE NAME **OFFICE USE ONLY** Tarrant Star Republican Women PAC Date Received **ELECTRONICALLY FILED** 01/30/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2242 E. Loop 820 Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76112 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Cynthia L. NAME NICKNAME LAST **SUFFIX** Morrison STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 2242 E. Loop 820 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76112 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2242 E. Loop 820 MAILING **ADDRESS** Fort Worth, TX 76112 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 845-8211 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			er ID (Ethics Commission Filers)
Tarrant Star Republican Women PAC			065057
14 COMMITTEE 1. Cand (Identify by applicable,	didates A. Supported Republication of the classify by party.)	an	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
	by date and location and nature of issue.)		
	B. Opposed		
Assi:	eholders sted v name or, if classify by party.)		
TOTALS PLE CON X check	AL UNITEMIZED POLITICAL CONTRIBUTI DGES, LOANS, OR GUARANTEES OF LOA ITRIBUTIONS MADE ELECTRONICALLY) Khere if this report qualifies for the higher itemizati	ANS, ÒR	\$ 1,380.00
	TAL POLITICAL CONTRIBUTIONS HER THAN PLEDGES, LOANS, OR GUAR.	ANTEES OF LOANS)	\$ 1,380.00
EXPENDITURE 3. TOT TOTALS	AL UNITEMIZED POLITICAL EXPENDITUR	RES	\$ 0.00
4. ТОТ	AL POLITICAL EXPENDITURES		\$ 861.70
• • • • • • • • • • • • • • • • • • •	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF THE REPORTING PERIOD		\$ 12,738.55
	AL PRINCIPAL AMOUNT OF ALL OUTSTA T DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE	\$ 0.00
16 AFFIDAVIT			
	true and corr	firm, under penalty of perjury, t ect and includes all information 5, Election Code.	hat the accompanying report is required to be reported by me
		Ms. Cynthia L. M	orrison
		Signature of Campaigr	n Treasurer
AFFIX NOTARY STAMP	SEAL ABOVE		
	e, by the said		day
of, 20	, to certify which, witness my hand and	seal of office.	
Signature of officer administering	ng oath Printed name of officer adm	ninistering oath Titl	le of officer administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

				3 of 4		
17 COMMITT	COMMITTEE NAME 18 Filer ID		(Ethics Cor	nmission Filers)		
Tarrant S						
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,380.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION					
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). X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	861.70		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense 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
OTHER (other a cottographed listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 4/4	Tarrant Star Republican Women PAC 00065057
4 Date	5 Payee name
01/04/2024	Texas Federation of Republican Women PAC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$354.20	P O BOX 171146
Expenditure from	
corporate funds	Austin, TX 78717-0041
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Member dues and processing fees
	Welliber dues and processing rees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/23/2024	Texas Federation of Republican Women PAC
Amount (ft)	
Amount (\$)	
\$507.50	P O BOX 171146
Expenditure from	Auctin TV 70717 00/1
corporate funds	Austin, TX 78717-0041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fee for Patron Club Membership
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	