

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017103	2 Total pages filed: 11
3 COMMITTEE NAME Cooke County Republican Women PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/24/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St. Suite 304 Gainesville, TX 76240		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Pauline L.		
	NICKNAME LAST SUFFIX Lesch		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
	AREA CODE PHONE NUMBER EXTENSION (214) 212-9417		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/26/2024 THROUGH 02/24/2024		
	11 ELECTION ELECTION DATE Month Day Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Cooke County Republican Women PAC	13 Filer ID (Ethics Commission Filers) 00017103
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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)	\$ 0.00
	<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)	\$ 973.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,092.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,152.04
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.

Ms. Pauline L. Lesch

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 Cooke County Republican Women PAC		18 Filer ID 00017103	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	973.50
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	205.64
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	886.40
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
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: 4/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUNE, MARGARET ANN <hr/> 6 Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARTER, MARGARET M <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLE, SYLVIA MAXINE (Mrs.) <hr/> Contributor address; City; State; Zip Code MCKINNEY, TX 75071	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COLEMAN, MARGARET O. <hr/> Contributor address; City; State; Zip Code COLLINSVILLE, TX 76233	Amount of Contribution (\$) \$36.75
Principal occupation / Job title (See Instructions) BOOKKEEPER		Employer (See Instructions) SELF-EMPLOYED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CULLUM, DUWAYNA <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, MONICA <hr/> 6 Contributor address; City; State; Zip Code MUNSTER, TX 76252	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONAS, JENNIFER (Mrs.) <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$36.75
Principal occupation / Job title (See Instructions) SALON OWNER		Employer (See Instructions) SELF-EMPLOYED
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING , PATRICIA (Mrs.) <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KINGSBERY, KERRI (Mrs.) <hr/> Contributor address; City; State; Zip Code TIOGA, TX 76271	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) PROPERTY MGT		Employer (See Instructions) SELF
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLEMENT, CHRISTI <hr/> Contributor address; City; State; Zip Code MUNSTER, TX 76252	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KLEMENT, LEON (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code MUNSTER, TX 76252	
8 Principal occupation / Job title (See Instructions) CATTLEMAN		9 Employer (See Instructions) Self-employed
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEFTWICH , JOHNNY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code GAINESVILLE, TX 76241	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEWIS, DORTHY (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASON, CASEY	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code ERA, TX 76238	
Principal occupation / Job title (See Instructions) STAY AT HOME		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGREW, LYNNE G	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code MUNSTER, TX 76252	
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) Self-Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MELGAR, MONICA <hr/> 6 Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Interpreter, Minister		9 Employer (See Instructions) Self-employed
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, GALENE <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORRIS, JOHN <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) COURT AT LAW JUDGE		Employer (See Instructions) Cooke County
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOUDY, LARRY <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NASCHE, LAVERNA <hr/> Contributor address; City; State; Zip Code MUENSTER, TX 76252	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEHIB, JAMES <hr/> 6 Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEHIB, JUDY (Ms.) <hr/> Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROANE, JOHN <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) COUNTY JUDGE		Employer (See Instructions) COOKE COUNTY
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROSS, KERLENE <hr/> Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAD, PAM <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAD, TOM <hr/> 6 Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STROUD, CATHY <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240-6767	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEEL, SALLY (Mrs.) <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272-6301	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLINGHAM, NANCY <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 02/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZIELINSKI, ED (Mr.) <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) COOKE COUNTY ATTORNEY		Employer (See Instructions) COOKE COUNTY

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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 10/11	2 FILER NAME Cooke County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00017103
4 Date 02/08/2024	5 Payee name BLOCK INC	
6 Amount (\$) \$1.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1455 MARKET ST. SUITE 600 SAN FRANCISCO, CA 94103	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for using SQUARE app to accept membership dues (Jennifer Jonas)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/16/2024	Payee name BLOCK INC	
Amount (\$) \$1.47 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 MARKET ST. SUITE 600 SAN FRANCISCO, CA 94103	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee for using SQUARE app to accept membership dues (Monica Melgar)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/31/2024	Payee name FIRST STATE BANK	
Amount (\$) \$202.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 10 GAINESVILLE, TX 76241	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balance from January 14, 2024 Statement
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 1/1 Rpt: 11/11	2	FILER NAME Cooke County Republican Women PAC	3	Filer ID (Ethics Commission Filers) 00017103
4	CREDIT CARD ISSUER	Name of financial institution First State Bank		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$278.30	(b) Date of Charge 02/03/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Membership Dues		(b) Description 2024 Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$304.50	(b) Date of Charge 02/03/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Silver Patron Sponsorship		(b) Description Annual Club sponsorship	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$303.60	(b) Date of Charge 02/13/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Membership Dues		(b) Description 2024 Dues	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held