

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) 00024855	2 Total pages filed: 8
3 COMMITTEE NAME Dallas County Council of Republican Women		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/26/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11617 N. Central Expressway Ste. 240 Dallas, TX 75243		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Kerry L.		
	NICKNAME LAST SUFFIX Gaines		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2113 Flat Creek Dr. Richardson, TX 75080-2331		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2113 Flat Creek Dr. Richardson, TX 75080-2331		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2113 Flat Creek Dr. Richardson, TX 75080-2331		
	AREA CODE PHONE NUMBER EXTENSION (214) 675-1849		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 675-1849		
	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 ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special		

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Dallas County Council of Republican Women	13 Filer ID (Ethics Commission Filers) 00024855
-----------------------------------------------------------------------	-----------------------------------------------------------

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 Republican
		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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 656.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,710.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 174.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,130.59
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 41,875.75
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.

Mrs. Kerry L. Gaines

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**FORM GPAC**
COVER SHEET PG 3
3 of 8

17 COMMITTEE NAME Dallas County Council of Republican Women		18 Filer ID (Ethics Commission Filers) 00024855
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,710.00
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	\$ 4,130.59
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 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: 1/3 Rpt: 4/8
2 FILER NAME Dallas County Council of Republican Women		3 Filer ID (Ethics Commission Filers) 00024855
4 Date 01/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Lynn <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75231	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions)
Date 01/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feria, Juan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Tech Sales/Consulting		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffines, Don (The Honorable) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75205	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrissey, Susie <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palomo, Daisy <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Sr Analyst		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
2 FILER NAME Dallas County Council of Republican Women		3 Filer ID (Ethics Commission Filers) 00024855
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park Cities Republican Women <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75205	7 Amount of Contribution (\$) \$422.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Tan <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75022	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Texas State Senator		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Tina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston West Republican Women <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$246.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsland, Russell <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
2 FILER NAME Dallas County Council of Republican Women		3 Filer ID (Ethics Commission Filers) 00024855
4 Date 02/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson Republican Women <hr/> 6 Contributor address; City; State; Zip Code Richardson, TX 75083	7 Amount of Contribution (\$) \$136.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Stephen <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, David <hr/> Contributor address; City; State; Zip Code Richardson, TX 75080	Amount of Contribution (\$) \$250.00
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#: _____) Wernick, Barry <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)

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: 1/2 Rpt: 7/8	2 FILER NAME Dallas County Council of Republican Women	3 Filer ID (Ethics Commission Filers) 00024855
--------------------------------------------------------	------------------------------------------------------------------	----------------------------------------------------------

4 Date 02/07/2024	5 Payee name Marni G Designs
-----------------------------	----------------------------------------

6 Amount (\$) \$215.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 602 Hood Dr Coppell, TX 75019
---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Logo Design
---------------------------------	---------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-----------------------------	---------------	-------------

Date 02/23/2024	Payee name Movie Grill Concepts Trademark Holdings, Inc
--------------------	------------------------------------------------------------

Amount (\$) \$974.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 12404 Park Central Dr Dallas, TX 75251
------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting Space
-------------------------------	------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
------------------------------------------------------------	-----------------------------	---------------	-------------

Date 01/31/2024	Payee name Texas
--------------------	---------------------

Amount (\$) \$2,479.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3609 Shire Blvd Richardson, TX 75082
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and Beverages
-------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
------------------------------------------------------------	-----------------------------	---------------	-------------

--	--

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: 2/2 Rpt: 8/8	2 FILER NAME Dallas County Council of Republican Women	3 Filer ID (Ethics Commission Filers) 00024855
4 Date 02/05/2024	5 Payee name Wix.com	
6 Amount (\$) \$285.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 40190 San Francisco, CA 94140-0190	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held