FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00015789 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Republican Women PAC Fund Date Received **ELECTRONICALLY FILED** 04/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 3804 Peak Lookout Dr. Change of Address Austin, TX 78738 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Robbi B. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hull CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3804 Peak Lookout Dr. STREET **ADDRESS** (Residence or Business) Austin, TX 78738 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 3804 Peak Lookout Dr. MAILING **ADDRESS** Change of Address Austin, TX 78738 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 215-9359 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 X April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 02/26/2024 03/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

Austin Republican Women PAC Fund 1. Candidates (identity by name or, if applicable, classify by party.) A. Supported 1. Candidates (identity by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (identity by name or, if applicable, classify by party.) B. Opposed 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Ceheck here if this report qualifies for the higher itemization threshold 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1.5 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 2.1 CONTRIBUTION 5. TOTAL POLITICAL EXPENDITURES \$ 2.1				-		
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(Attach last on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of rissue.) B. Opposed 2. Measures (Describe by date and location of election and nature of rissue.) B. Opposed 3. Officeholders Assisted (Destrib by name or, if applicable, classify by perty.) 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 2.1 CONTRIBUTION BALANCE 5. TOTAL POLITICAL EXPENDITURES \$ 2.1 CONTRIBUTION GOAND 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. 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. Robbi B. Hull			A. Supported			
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LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. Robbi B. Hull				D AS OF THE LAST	DAY \$	98,310.03
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. Robbi B. Hull				ING LOANS AS OF T		0.00
true and correct and includes all information required to be reported by me under Title 15, Election Code. Ms. Robbi B. Hull	6 AFFIDAVIT				<u> </u>	
			true and correct	and includes all inforr	jury, that the a	ccompanying report is I to be reported by me
				Ma Dah	k: D. Hadl	
Signature of Campaign Treasurer						rer
				orginature or our	mpaign rreasa	
AFFIX NOTARY STAMP / SEAL ABOVE	AFFIX NOTARY	STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, this theday	Sworn to and subscribed	before me, by the said		, th	is the	day
of, 20, to certify which, witness my hand and seal of office.	of	_, 20, to certify v	hich, witness my hand and se	al of office.		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Cignoture of officer	miniatarina asth	Drintad name of afficer astrotate	atoring oath	Title of off:	or administaries and

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					3 of 11
17 COM	MITTE	E NAME	18 Filer ID	(Ethic:	s Commission Filers)
Austii	n Rep	publican Women PAC Fund	00015789		·
19 SCHE	DULE	SUBTOTALS			
NAME	OF S	SCHEDULE		S	SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,990.00
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 ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	2,199.12
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 CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/11	
2	FILER NAME Austin Repu	blican Women PAC Fund		3	Filer ID (Ethics Commission 00015789	n Filers)	
4	Date 02/27/2024	5 Full name of contributor out-of-state PAC (ID#:) Abbott, Susan 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00	
_	Deignaignal	Austin, TX 78738	lo.	Franklavar (Caa kastuvatiana			
8	Pharmaceuti	pation / Job title (See Instructions) cal sales	9	Employer (See Instructions	•)		
	Date 03/23/2024					Amount of Contribution (\$)	\$63.00
	Austin, TX 78734						
	Principal occupation / Job title (See Instructions) Retired RN Employer (See Instructions)				')		
	Date 03/04/2024	Full name of contributor out-of-state PAC (ID#:) 4/2024 Brummett, Sharon "Sheri" Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$73.00
	Austin, TX 78759						
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions	i)		
	Date 03/01/2024	Brynteson, Kelly				Amount of Contribution (\$)	\$48.00
	Principal occupation / Job title (See Instructions) Account Executive Employer (See Instructions))				
	Date Full name of contributor out-of-state PAC (ID#:) 03/25/2024 Cassady, Leila Contributor address; City; State; Zip Code Austin, TX 78755			Amount of Contribution (\$)	\$100.00		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	i)		

	MONET	ARY POLITICAL CONTRIBU		SCHEDUL	E A1	
	The Instruc	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 2/6 Rpt: 5/11	
2	FILER NAME Austin Repul	Eublican Women PAC Fund		3	Filer ID (Ethics Commissio 00015789	n Filers)
4	Date 03/01/2024	5 Full name of contributor out-of-state PAC (ID#:)			Amount of Contribution (\$)	\$63.00
8	Principal occur	Dripping Springs, TX 78620 pation / Job title (See Instructions)	9 Employer (See Instructions	18)		
Ü	Sales/design		2 Employer (See mandenons	13)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/17/2024 Davis, Kelley Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$73.00	
	Delicalization	Austin, TX 78739	Franks on (Contraction			
	Principal occupation / Job title (See Instructions) Sales Employer (See Instructions			IS)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/08/2024 Domen, Karen Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00	
	Lakeway, TX 78734					
	Principal occu Volunteer	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Edwards, Anne Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$48.00	
	Principal occupation / Job title (See Instructions) Realtor Employer (See Instructions)		Employer (See Instructions	ıs)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/08/2024 Firestone, Linda Contributor address; City; State; Zip Code Austin, TX 78749			Amount of Contribution (\$)	\$60.00	
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	ıs)		

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDUL	E A1	
	The Instruc	e Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/6 Rpt: 6/11	
2	FILER NAME Austin Repul	ıblican Women PAC Fund		3	Filer ID (Ethics Commission 00015789	n Filers)
4	Date 02/26/2024			7	Amount of Contribution (\$)	\$48.00
_		Bee Cave, TX 78738				
8	Principal occu Educator	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 03/08/2024				Amount of Contribution (\$)	\$45.00
	Austin, TX 78738 Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)					
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:) Heffernan, Mary Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Austin, TX 78728 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Retired	oution / Job title (See mandenons)	Employer (See manucuons	') 		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Homrig, Staci Contributor address; City; State; Zip Code Austin, TX 78701			Amount of Contribution (\$)	\$48.00
	Principal occupation / Job title (See Instructions) Homemaker Employer (See Instruction		5)			
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2024 Israel, B.R., Jr. Contributor address; City; State; Zip Code Wimberley, TX 78676			Amount of Contribution (\$)	\$35.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	·)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	truction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/11	
2	FILER NAME Austin Repul	olican Women PAC Fund		3	Filer ID (Ethics Commission 00015789	n Filers)	
4	Date 02/27/2024	5 Full name of contributor out-of-state PAC (ID#:) Israel, Donna 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$63.00
8	Principal occu	Wimberley, TX 78676 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/		
0	Homemaker	Janott 7 Job tille (See Instructions)	9	Employer (See Instructions)		
	Date 02/29/2024					Amount of Contribution (\$)	\$48.00
	Austin, TX 78733				-, 		
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)				')		
	Date 03/08/2024	Full name of contributor out-of-state PAC (ID#:) Martin, Julie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$150.00	
	Austin, TX 78746						
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Private Investigations			s)			
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$48.00	
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)		5)				
	Date Full name of contributor out-of-state PAC (ID#:) 03/20/2024 Norris, Laurie Contributor address; City; State; Zip Code Austin, TX 78738			Amount of Contribution (\$)	\$78.00		
	Principal occu Realtor/Hom	oation / Job title (See Instructions) emaker		Employer (See Instructions	5)		
			I				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	he Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/11	
2	FILER NAME Austin Repu	E ublican Women PAC Fund		3	Filer ID (Ethics Commission 00015789	n Filers)	
4	Date 02/26/2024			7	Amount of Contribution (\$)	\$48.00	
_		Austin, TX 78738	- 1-				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 02/29/2024					Amount of Contribution (\$)	\$63.00
	Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions				<u> </u> ;)		
	Member Experience Manager						
	Date 03/08/2024				Amount of Contribution (\$)	\$100.00	
	Austin, TX 78746						
	Principal occu RN	oation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#: 03/08/2024 Smith, Shelley Contributor address; City; State; Zip Code Lakeway, TX 78734)		Amount of Contribution (\$)	\$20.00		
	Principal occupation / Job title (See Instructions) Retired Employer (See Instructions)		5)				
	Date O2/27/2024 Full name of contributor out-of-state PAC (ID#:) Sweeney, Julie Contributor address; City; State; Zip Code Austin, TX 78746			Amount of Contribution (\$)	\$48.00		
	Principal occu General Mar	oation / Job title (See Instructions) ager		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULI	■ A1
	The Instru	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 6/6 Rpt: 9/11	
2	FILER NAME Austin Repu	E ublican Women PAC Fund		3	Filer ID (Ethics Commission 00015789	ı Filers)	
4	Date 02/28/2024			7	Amount of Contribution (\$)	\$73.00	
_		Austin, TX 78746			Ĺ		
8	Principal occu Homemaker	pation / Job title (See Instruction	5)	9 Employer (See Instructions	s)		
	Date 02/26/2024			•	Amount of Contribution (\$)	\$48.00	
	Austin, TX 78731 Principal occupation / Job title (See Instructions) Employer (See Instructions)				 - s)		
	Retired						
	Date Full name of contributor out-of-state PAC (ID#:) 02/28/2024 Wilson, Margaret Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$73.00		
Austin, TX 78704							
	Principal occu Professor	pation / Job title (See Instruction	5)	Employer (See Instructions University of Texas	5)		
	Date 02/28/2024	Full name of contributor Yurco, Deborah Contributor address; City; S Austin, TX 78703			•	Amount of Contribution (\$)	\$63.00
	Principal occu Attorney	pation / Job title (See Instruction:	5)	Employer (See Instructions	<u> </u> s)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/28/2024 Zibilski, Ruby Contributor address; City; State; Zip Code Austin, TX 78731		•	Amount of Contribution (\$)	\$63.00		
	Principal occu Retired	pation / Job title (See Instruction	5)	Employer (See Instructions	5)		

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 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission	Filers)
Sch: 1/2 Rpt: 10/11	Austin Republican Women PAC Fund 00015789	
4 Date	5 Payee name	
02/29/2024	Brazos Stamp & Engraving Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$38.97	1407-D South 31st Street	
Expenditure from		
corporate funds	Temple, TX 76504	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Member magnetic name tags	
	Check if Austin, TX, officeholder living expense Member magnetic name tags	
	Welliser magnetic hame tage	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		
Date	Payee name	
03/08/2024	Square	
Amount (\$)	Payee address; City; State; Zip Code	
\$8.95		
40.00		
Expenditure from corporate funds	San Francisco, CA 94103	
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	
	Online payment service fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O	DH .	
Date	Payee name	
03/25/2024	Stripe Inc.	
Amount (\$)	Payee address; City; State; Zip Code	
\$154.00	510 Townsend St.	
- Cynonditure from		
Expenditure from corporate funds	San Francisco, CA 94103	
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.	
	Check if Austin, TX, officeholder living expense Online payment service fees	
	Offine payment service ices	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		

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 Gift/Awards/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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 2/2 Rpt: 11/11	Austin Republican Women PAC Fund 00015789	
4 Date	5 Payee name	
02/29/2024	TFRW	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$507.50	13740 N. Hwy. 183	
— Evacadituro from	Suite J4	
Expenditure from corporate funds	Austin, TX 78750	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	TITAL Gold Fallon Glab Membership to: 202 .	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
02/29/2024	TFRW	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,239.70	13740 N. Hwy. 183	
	Suite J4	
Expenditure from corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee	
	Candidate/Officeholder/Political Committee	
	The state of the s	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
03/07/2024	Travis County Republican Party	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	807 Brazos Street, #408	
Expenditure from corporate funds	Austin, TX 78701	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	Candidate/Officeholder/Political Committee Contribution to TCRP for SD 14 Convention including expense	ing
	program ad	5
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/O		