#### 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) 00015848 3 COMMITTEE NAME **OFFICE USE ONLY** West El Paso Republican Women's Club Campaign Committee Date Received **ELECTRONICALLY FILED** 07/01/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 6240 Dew Dr. Date Hand-delivered or Date Postmarked Change of Address El Paso, TX 79912-3810 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Fabiola P. NAME NICKNAME LAST **SUFFIX** Fabby Navarro STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 6240 Dew Dr. STREET **ADDRESS** (Residence or Business) El Paso, TX 79912-3810 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 6240 Dew Dr. MAILING **ADDRESS** El Paso, TX 79912-3810 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (915) 820-0817 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special **GO TO PAGE 2**

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

<b>12</b> C	OMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
٧	West El Paso Republican Women's Club Campaign Committee 00			000158	48
	COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
pa	Attach lists on plain aper to complete this aport if necessary.)		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.)			
	CONTRIBUTION COTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		2. TOTAL POLITICA (OTHER THAN PLE	IL CONTRIBUTIONS COGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
	XPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES DTALS		\$	0.00	
		4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	4,185.83
	OUTSTANDING OAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
<b>16</b> A	FFIDAVIT			•	
			I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
	Ms. Fabiola P. Navarro				
	Signature of Campaign Treasurer				asurer
	AFFIX NOTARY	STAMP / SEAL ABOVE			
	Sworn to and subscribed	before me, by the said	, th	nis the	day
	of	, 20, to certify v	which, witness my hand and seal of office.		
	Signature of officer adr	ministering path	Printed name of officer administering oath	Title of	officer administering oath
	organization of officer aut	imilatering batti		THE OF	omoor aanimistering oath

#### **SUBTOTALS - GPAC**

## FORM **GPAC**COVER SHEET PG 3

					3 of 5
<b>17</b> CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commis	sion Filers)
We	st El P	aso Republican Women's Club Campaign Committee	00015848		
<b>19</b> SCI	HEDULI	ESUBTOTALS			
		SCHEDULE		SUBTOTA	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
				<u> </u>	
4.	П	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	R	\$	
		ORGANIZATION		<u> </u>	
	_	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR		
5.	Ш	LABOR ORGANIZATION		\$	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLUMN E CA. MONEMONIETARY CURRORT FROM CORRORATION OR LAROR			
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$	
	<u> </u>			ļ ·	
9.		SCHEDULE E: LOANS		\$	
	Ш			Ψ 	
10		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	-		
10.	Ш	SCHEDULE FI. POLITICAL EXPENDITURES FROM FOLITICAL CONTRIBOTION	5	\$	
- 11					
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
	<u>-</u>				
14.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	2,923.84
				<u> </u>	,
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
10.	Ш	TO FILER		٩	
l					

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I: Sch: 1/2 Rpt: 4/5	2 FILER NAME West El Paso Republican Women's Club Camp	1	3 Filer ID 00015848	(Ethics Commission Filers)		
4 Date 01/23/2024	5 Payee name El Paso County Republican Party					
6 Amount (\$)	7 Payee Address; City; State; Zip					
1,000.00 7 Payee Address; City; State; Zip 7717 Lockheed Suite D						
Expenditure from corporate funds	El Paso, TX 79925					
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b) Description (See instructions regarding Event Expense Purchased tickets to the Lincoln			ling type of information required.) oln Dinner Event		
EXPENDITORE						
Date 01/30/2024	Payee name El Paso County Republican Party					
Amount (\$)	Payee Address; City; State; Zip					
600.00	7717 Lockheed Suite D					
Expenditure from						
corporate funds	El Paso, TX 79925					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories)  Event Expense  (b) Description (See instructions regarding type of information required.)  Purchased tickets to Lincoln Dinner Event.					
EXPENDITURE	Event Expense	Purchased tick	ets to Lincoln	Dinner Event.		
Date	Payee name					
02/26/2024	02/26/2024 El Rincon De Cortez Restaurant					
Amount (\$)	Payee Address; City; State; Zip					
316.62	3415 Sunbowl Dr.					
Expenditure from corporate funds	El Paso, TX 79902					
PURPOSE		(b) Description (Se	ee instructions regard	ling type of information required.)		
OF EXPENDITURE	Credit Card Payment			peaker. West El Paso		
		Republican Wo	illeli breakias	ι.		
Date	Payee name	<u> </u>				
02/27/2024 El Rincon De Cortez Restaurant						
Amount (\$)	Payee Address; City; State; Zip					
80.00	3415 Sunbowl Dr.					
Expenditure from corporate funds						
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· ·	-	ling type of information required.)		
OF EXPENDITURE	Tip	West El Paso F waitresses.	Republican Wo	omen breakfast. Tip for		
		waiii 03303.				
		<u> </u>				

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to	complete this fo	orm.		
1 Total pages Schedule I: Sch: 2/2 Rpt: 5/5	FILER NAME     West El Paso Republican Women's Club Camp	T	Filer ID (Ethics Commission Filers) 00015848		
4 Date 04/29/2024	5 Payee name Telles, Debbie (Mrs.)				
6 Amount (\$)  360.64  Expenditure from corporate funds	7 Payee Address; City; State; Zip 508 Lindbergh Ave El Paso, TX 79932				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) reimbursement  (b) Description (See instructions regarding type of information required.)  West EI Paso Republican Women breakfast. Mrs. paid and then she was reimbursed				
Date 06/27/2024	Payee name Texas Ethics Commission				
Amount (\$)  500.00  Expenditure from corporate funds	Payee Address; City; State; Zip P.O.Box 12070  Austin, TX 78711-2070				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fine		te instructions regarding type of information required.) It El Paso Republican Women for an 2022.		
Date 05/04/2024	Payee name Westside Pregnancy Center				
Amount (\$)  66.58  Expenditure from	Payee Address; City; State; Zip 201 East Sunset Rd.				
corporate funds	El Paso, TX 79922				
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense	( , 2 000 inplion	e instructions regarding type of information required.) I El Rincon restaurant so she was		