#### 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) 00017092 3 COMMITTEE NAME **OFFICE USE ONLY** Preston West Republican Women PAC Date Received **ELECTRONICALLY FILED** 07/12/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4407 Hallmark Dr. Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75229 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Valerie E. NAME NICKNAME LAST **SUFFIX** Ertz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4407 Hallmark Dr. STREET **ADDRESS** (Residence or Business) Dallas, TX 75229 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** Ste. 660 #193 MAILING **ADDRESS** 11700 Preston Rd. Dallas, TX 75230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 435-3588 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 Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (E	thics Commission Filers)
Preston West Repub	lican Women PAC		00017092	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported John Jun State Representative	е	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)  t qualifies for the higher itemization threshold	\$	7,302.33
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	7,302.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	100.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	16,029.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY \$	6,285.61
OUTSTANDING LOAN TOTALS	l l	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Ms. Vale	erie E. Ertz	
		Signature of Ca	ımpaign Treasurer	
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tl	his 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 ac	lministering oath

## FORM GPAC ADDENDUM

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							rage 3 01 23
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Preston West Republica	an Women PAC				00017092	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Chris Roberts	Dallas ISD		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
			B. Opposed				
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jessica Lewis	Court Of Appeals	s, Justice	
	(Attach lists on plain paper to complete this report 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.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Aimee Ramsey	/ State Represen	itative	
	(Attach lists on plain paper to complete this report 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.)					
		Assisted (Identify by name or, if					

## FORM GPAC ADDENDUM

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COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Preston West Republica		1		00017092	
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Gino Rossini Court Of Appeals,	Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Matthew Kolodoski Court Of App	peals, Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Earl Jackson Court Of Appeals,	Justice	
(Attach lists on plain paper to complete this report 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.)				
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## FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethics Commission Filers	s)
	Preston West Republica	an Women PAC			00017092	
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Cynthia Barbare Court Of Appea	als, Justice	
	(Attach lists on plain paper to complete this report 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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		J.J. Koch Court of Appeals, Chief	f Justice	
	(Attach lists on plain paper to complete this report 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.)				
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)		Gina Parker Court Of Appeals, J	Justice	
	(Attach lists on plain paper to complete this report 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.)				

## FORM GPAC ADDENDUM

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						1 ago o o. 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Preston West Republica	an Women PAC			00017092	
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Emily Miskel Court Of Appeals,	Justice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	David Schenck Court Of Appea	ls. Justice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		дана солоно соли стурром		
	(Attach lists on plain paper to complete this report 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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lee Finley Court Of Appeals, Ju	ıstice	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)				
		1	<u> </u>			

### FORM GPAC **ADDENDUM**

				Page 7 01 25
			13 Filer ID	(Ethics Commission Filers)
an Women PAC			00017092	
1. Candidates (Identify by name or, if applicable, classify by party.)		Mike Lee Court Of A	ppeals, Justice	
	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.)				
Candidates (Identify by name or, if applicable, classify by party.)		Pam Little State Boa	rd Of Education	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)				
	(Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders    Assisted (Identify by name or, if	1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify 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  A. Supported  B. Opposed  B. Opposed  3. Officeholders Assisted  A. Supported  B. Opposed	A. Supported Mike Lee Court Of Al (Identify 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  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  4. Supported  Pam Little State Boa (Identify 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  3. Officeholders     Assisted (Identify by name or, if leading to the part of the	an Women PAC  1. Candidates (Identify 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  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  1. Candidates (Identify by name or, if applicable, classify by party.)  B. Opposed  A. Supported  Pam Little State Board Of Education  B. Opposed  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  A. Supported  Pam Little State Board Of Education  B. Opposed  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

					8 of 25
<b>17</b> CO	MMITTE	E NAME	18 Filer ID	(Ethics Co	ommission Filers)
Pre	ston W	est Republican Women PAC	00017092		
19 SCI	HEDULI	E SUBTOTALS		Ι	
NAI	ME OF	SCHEDULE		SUB	TOTAL AMOUNT
				<del> </del>	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,302.33
				<u> </u>	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
				\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	3. Schedule B. Flebded Contributions				
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR				\$	
, T.	ш	ORGANIZATION		٦	
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR				1	
5. LABOR ORGANIZATION				\$	
				1	
6.	Ш	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
		COLUED HIS CALL NON MONETARY CURRORT FROM CORRORATION OR LAROR		<u> </u>	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
				├──	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	DRGANIZATION	s	
				<u> </u>	
9.	X	SCHEDULE E: LOANS		\$	0.00
_ ·		00112022 21 207110		Ψ	0.00
10	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			16 020 05
10.		SCHEDOLETT. FOLHICAE EXPENDITORES FROM FOLHICAE CONTRIBUTION.	3	\$	16,029.05
				1.	
11.	Ш	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				<u> </u>	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
				+	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				<del>                                     </del>	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
				<u> </u>	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$	423.46
		TO FILER			
l					
I					

L	OANS					SCHEDUL	E <b>E</b>
Т	he Instructio	on Guide explains ho	ow to complete this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 9/25		
	ILER NAME reston West Re	epublican Women PAC			3 Filer ID 00017	(Ethics Commission F	ilers)
4 T	OTAL OF UN	IITEMIZED LOANS				\$	0.00
<b>5</b> D	ate of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
fir	lender a nancial stitution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
<b>12</b> Pi	rincipal occupatio	on / Job title (See Instruction	ns)	13 Employer (See Instruction	s)		
<b>14</b> D	escription of Coll	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
	UARANTOR IFORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)
	not applicable	<b>18</b> Guarantor address;	City; State;	Zip Code			
<b>20</b> Pi	rincipal occupatio	on		21 Employer (See Instruction	s)	1	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/15 Rpt: 10/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
06/26/2024	Bankhead Brewery
<b>6</b> Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 13090 Bee Street
\$30.00	13090 Bee Sileet
Expenditure from corporate funds	Farmers Branch , TX 75234
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Thank you Gift
	Thank you on
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/26/2024	Bankhead Brewery
Amount (\$)	Payee address; City; State; Zip Code
\$1,138.80	13090 Bee Street
Expenditure from	
corporate funds	Farmers Branch , TX 75234
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Event Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/20/2024	Barbare, Cynthia
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	8344 East R.L. Thorton Fwy
Expenditure from	304
corporate funds	Dallas, TX 75228
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
Sch: 2/15 Rpt: 11/25	Preston West Republican Women PAC 00017092	
4 Date	5 Payee name	
04/25/2024	Cafe Max	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$545.26	1600 Alma	
— Forest dit us from		
Expenditure from corporate funds	Richardson , TX 75081	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Event	
	Event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
01/06/2024	Carter, James	
Amount (\$)	Payee address; City; State; Zip Code	
\$100.00	9706 Amberley Dr.	
·		
Expenditure from	Dallas, TX 75243	
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	Accounting	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
		_
Date	Payee name	
05/01/2024	City of Farmers Branch	
Amount (\$)	Payee address; City; State; Zip Code	
\$250.00	13000 William Dobson Pkwy	
Expenditure from corporate funds	Farmers Branch, TX 75234	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Deposit - Rental	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/15 Rpt: 12/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
03/27/2024	Commercial Printing Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$580.49	2835 Virgo Lane
- "	
Expenditure from corporate funds	Dallas, TX 75229
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	2024 - Directory
	2021 211001019
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/24/2024	DCCRW
Amount (\$)	Payee address; City; State; Zip Code
\$246.00	11617 N. Central Expy
ΨΣ+0.00	Ste. 240
Expenditure from	
corporate funds	Dallas, TX 75243
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
	Membership Dues
	Monitorial Budge
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
01/31/2024	Payee name Dallas County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	11617 N. Central Expy
Expenditure from	
corporate funds	Dallas, TX 75243
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Donation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### 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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/15 Rpt: 13/25 Preston West Republican Women PAC 00017092 4 Date Payee name 04/25/2024 Exxon 6 Amount (\$) Payee address; City; State; Zip Code \$7.12 4205 LBJ Freeway Expenditure from Farmers Branch, TX 75234 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Ice Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/20/2024 Finley, Lee Amount (\$) Payee address; City; State; Zip Code \$500.00 1818 Waterford Lane Expenditure from Richardson, TX 75082 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Contribution Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/28/2024 Grady, Candy (Mrs.) Amount (\$) Payee address: City: State; Zip Code \$161.43 4407 Hallmark Expenditure from corporate funds Dallas, TX 75229 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Reimbursement - Decorations

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/15 Rpt: 14/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
05/20/2024	Jackson, Earl
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	2100 Valley View Lane
Expenditure from	#420
corporate funds	Dallas, TX 75234
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaign Continuation
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
04/24/2024	Jun, John
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	619 Allen Road
Expenditure from	
corporate funds	Coppell, TX 75019
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Campaigh Continuation
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Ol	
Date	Payee name
05/20/2024	Koch, J.J.
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	12132 Fieldwood Lane
Expenditure from	
corporate funds	Dallas, TX 75244
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	1 onucai Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/15 Rpt: 15/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
05/01/2024	Kolodoski, Matthew
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	4900 Airport Pkwy
Funanditura from	#367
Expenditure from corporate funds	Addison, TX 75001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
O Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/20/2024	Lee, Mike
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	10440 North Central
	#520
Expenditure from corporate funds	Dallas, TX 75231
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Campaign Continuation
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	· ·
Date	Payee name
04/24/2024	Lewis, Jessica
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	6660 North Central Expy
— Constantitude forms	Ste. 500
Expenditure from corporate funds	Dallas, TX 75206
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
D. LIBITORE	Candidate/Officeholder/Political Committee
	Campaign Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 7/15 Rpt: 16/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
06/12/2024	Little, Pam
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$500.00	632 Merlot
Expenditure from corporate funds	Fairview, TX 75069
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By
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
	Campaign Contribution
	Campaign Contribution
O Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
05/09/2024	Miskel, Emily
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	P.O. Box 2800
Expenditure from	McKinney, TX 75070
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
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 Campaign Contribution
	Campaign Contribution
One make the ONE Wife diagram	Openhalte Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2024	Mr. Margarita
Amount (\$)	Payee address; City; State; Zip Code
\$193.77	5917 Greenville Ave
,	
Expenditure from	Dallag TV 75200
corporate funds	Dallas, TX 75206
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Party
Operation Children	Open Highest Office health and a second seco
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
3poa.a.a to bonom 0/01	

#### 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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 8/15 Rpt: 17/25	Preston West Republican Women PAC 00017092	
4 Date	5 Payee name	
05/20/2024	Parker, Gina	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$500.00	5015 Fort Avenue	
Expenditure from corporate funds	Waco, TX 76710	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
OF	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H	
Date	Payee name	=
06/28/2024	PayPal	
Amount (\$)	Payee address; City; State; Zip Code	
\$209.06	2211 N. 1st Street	
Expenditure from corporate funds	San Jose, CA 95131	
•		_
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	
	Processing Fees	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
D-1-		_
Date	Payee name	
04/24/2024	Ramsey, Aimee	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	210 Oregon Ave.	
— Constantitude forms		
Expenditure from corporate funds	Dallas, TX 75203	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	H .	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 9/15 Rpt: 18/25	Preston West Republican Women PAC 00017092	
4 Date	5 Payee name	
04/24/2024	Roberts, Chris	
6 Amount (\$)	7 Payee address; City; State; Zip Code	$\neg$
\$500.00	11565 Cromwell	
Expenditure from corporate funds	Dallas, TX 75229	
8 PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  Contributions/Donations Made By	
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Candidate/Officeholder/Political Committee  Contributions/Donations Made By Check if Austin, TX, officeholder living expense	
	Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	=
04/24/2024	Rossini, Gino	
Amount (\$)	Payee address; City; State; Zip Code	
\$500.00	P.O. Box 170122	
Expenditure from		
corporate funds	Irving, TX 75017	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
EXPENDITORE	Candidate/Officeholder/Political Committee	
	Campaign Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialitie to belieff C/O		
Date	Payee name	
05/20/2024	Schenck, David	
Amount (\$)	Payee address; City; State; Zip Code	_
\$500.00	1717 Main Street	
·	#4200	
Expenditure from		
corporate funds	Dallas, TX 75201	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
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	
	Campaign Contribution	
	Campaign continuation	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
		_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/15 Rpt: 19/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
04/03/2024	Smith, Van (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$650.72	14342 Valley Hi Circle
Expenditure from corporate funds	Farmers Branch, TX 75234
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Reimbursement - Event
	Neimbursement - Event
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/24/2024	Smith, Van (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$84.42	14342 Valley Hi Circle
Expenditure from corporate funds	Farmers Branch, TX 75234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Reimbursement - Office Supplies
Commission ONLLY if alignest	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
02/21/2024	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$1,820.00	13740 N. Hwy 184
	Ste. J4
Expenditure from corporate funds	Austin, TX 78750
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees    Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Membership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Gift/Awards/Memorials Expense Printing Expense 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: 11/15 Rpt: 20/25	Preston West Republican Women PAC 00017092
4 Date	·
	,
05/14/2024	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$175.00	13740 N. Hwy 184
Expenditure from	Ste. J4
corporate funds	Austin, TX 78750
8 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  Membership Dues
	Methibership Dues
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
5.	
Date	Payee name
06/10/2024	Theilen, Ellen
Amount (\$)	Payee address; City; State; Zip Code
\$220.00	12935 Epps Field Rd
Expenditure from	
corporate funds	Farmers Branch, TX 75234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense
	Reimbursement
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/06/2024	Theilen, Ellen
Amount (\$)	Payee address; City; State; Zip Code
\$215.42	12935 Epps Field Rd
Expenditure from	
corporate funds	Farmers Branch, TX 75234
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
LAI LIBITOIL	Check if Austin, TX, officeholder living expense
	Reimbursement
0 1. 6	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
2	
, .,	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 12/15 Rpt: 21/25	Preston West Republican Women PAC		00017092
4 Date	5 Payee name		
01/24/2024	Theilen, Ellen		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$180.00	12935 Epps Field Rd		
Expenditure from corporate funds	Farmers Branch, TX 75234		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	Event Expense		outside of Texas. Complete Schedule T. TX, officeholder living expense
			ent - Security Guard
			The Sociality Such
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
03/27/2024	Theilen, Ellen		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$16.00	12935 Epps Field Rd		
Expenditure from corporate funds	Farmers Branch, TX 75234		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Food/Beverage Expense	<b>=</b>	outside of Texas. Complete Schedule T.  TX, officeholder living expense
		Event Expens	
		Zvom Zxpono	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	L Candidate/Officeholder name Office sou H	ght	Office held
Date	Payee name		
03/27/2024	Theilen, Ellen		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$50.00	12935 Epps Field Rd		
400.00	12000 Eppo Fiola Rd		
Expenditure from corporate funds	Farmers Branch, TX 75234		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense		outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Reimburseme	ent - Thank you Gift
Complete ONII V Station	Condidate/Officeholder name	wht	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	yııı	Office held
·			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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: 13/15 Rpt: 22/25	Preston West Republican Women PAC 00017092	
4 Date	5 Payee name	
05/01/2024	Theilen, Ellen	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$50.00	12935 Epps Field Rd	
- Evpanditura from		
Expenditure from corporate funds	Farmers Branch, TX 75234	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	Reimbursement - Gift Card	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		
Date	Payee name	
06/10/2024	Theilen, Ellen	
Amount (\$)	Payee address; City; State; Zip Code	
\$302.92	12935 Epps Field Rd	
Expenditure from		
corporate funds	Farmers Branch, TX 75234	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Reimbursment	
	Rembushen	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		
Data	Davies warms	
Date 06/28/2024	Payee name Tiers by Alex	
	-	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	13525 Pyramid Dr.	
Expenditure from		
corporate funds	Farmers Branch, TX 75234	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense  Event Expense	
	Even Expense	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 14/15 Rpt: 23/25	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
04/26/2024	Tom Thumb
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$17.96	14280 Marsh Lane
- Funanditura from	
Expenditure from corporate funds	Addison , TX 75001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Event Expense
	LVCIII EXPENSE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
04/25/2024	Payee name Trader Jack
	Trader Joe's
Amount (\$)	Payee address; City; State; Zip Code
\$39.01	7939 Walnut Hill Lane
Expenditure from	
corporate funds	Dallas, TX 75230
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Food
	Foou
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	
Date 02/02/2024	Payee name
	Wix.com
Amount (\$)	Payee address; City; State; Zip Code
\$298.77	500 Terry A. Francois Blvd
Expenditure from	
corporate funds	San Francisco , TX 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Web Domain Hosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Glift/Awards/Memorials Expense Printing Expense Travel Out of District I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Preston West Republican Women PAC 00017092
5 Payee name
Wix.com
7 Payee address; City; State; Zip Code
500 Terry A. Francois Blvd
San Francisco , TX 94158
(a) Category (See Categories listed at the top of this schedule) (b) Description
Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
Website
Candidate/Officeholder name Office sought Office held

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 25/25 2 FILER NAME Filer ID (Ethics Commission Filers) Preston West Republican Women PAC 00017092 8 Amount (\$) Date 5 Name of person from whom amount is received 06/10/2024 City of Farmers Branch \$360.00 6 Address of person from whom amount is received; City; State; Zip Code Farmers Branch, TX 75234 Purpose for which amount is received Check if political contribution returned to filer Refund - Rental Fee Amount (\$) Date Name of person from whom amount is received 06/30/2024 North Dallas Bank & Trust Co. \$63.46 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75367 Purpose for which amount is received Check if political contribution returned to filer **Earned Interest**