#### 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) 00054650 3 COMMITTEE NAME **OFFICE USE ONLY** Richardson Republican Women Date Received **ELECTRONICALLY FILED** 10/06/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 831626 Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75083 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Fely NAME NICKNAME LAST **SUFFIX** Eichenberger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1709 Auburn Drive STREET **ADDRESS** (Residence or Business) Richardson, TX 75081 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1709 Auburn Drive MAILING **ADDRESS** Richardson, TX 75081 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 563-5977 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Richardson Republicar	n Women		00054650	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(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.)			
<b>15</b> CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	272.00
	2. TOTAL POLITICA  (OTHER THAN PLE	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	964.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	3,118.38
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,389.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	4,045.21
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Fely Eicl	henberger	
		Signature of Ca		rer
AFFIX NOTARY	' STAMP / SEAL ABOVE			
Sworn to and subscribed	I before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		-
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

#### FORM GPAC ADDENDUM

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						1 490 0 01 1 1		
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)		
Richardson Republican Women					00054650			
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cynthia Barbare 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.)						
	COMMITTEE	1. Candidates	A. Supported	Matthew Kolodoski Court Of Ap	peals. Justice			
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		,	,			
	(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	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					
		Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
		1	<u> </u>					

#### FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Richardson Republican Women					00054650	
	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	Mike Lee Court Of Appeals, Jus	stice	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		т.		
	(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	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			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

# FORM GPAC ADDENDUM

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COMMITTEE NAME Richardson Republican COMMITTEE	Women			13 Filer ID (Ethics Commission Filers)
·	Women			
COMMITTEE				00054650
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ashley Wysocki District Judge	
Attach lists on plain paper to complete this eport 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.)		David Schenck Court Of Crimin	al Appeals, Judge
Attach lists on plain paper to complete this eport 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 Criminal A	Appeals, Judge
Attach lists on plain paper to complete this eport 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.)			
	Attach lists on plain laper to complete this eport if necessary.)  COMMITTEE ACTIVITY  Attach lists on plain laper to complete this	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this eport if necessary.)  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.)  COMMITTEE (CTIVITY  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this eport if necessary.)  2. Measures (Identify by name or, if applicable, classify by party.)  3. Officeholders Assisted (Identify by name or, if application of election and nature of issue.)	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  Attach lists on plain apper to complete this eport if necessary.)  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.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  B. Opposed  3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)  COMMITTEE (CTIVITY  Attach lists on plain apper to complete this eport if necessary.)  A. Supported  B. Opposed  C. Measures (Describe by date and location and nature of issue.)  B. Opposed  B. Opposed  B. Opposed  B. Opposed  B. Opposed	(Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.)  2. Candidates (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by parry.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders (Identify by name or, if applicable, classify by parry.)  3. Officeholders (Identify by name or, if applicable, classify by parry.)  4. Supported Gina Parker Court Of Criminal Assisted (Identify by name or, if applicable, classify by parry.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by parry.)  B. Opposed  3. Officeholders (Identify by name or, if applicable, classify by parry.)  B. Opposed

#### FORM GPAC ADDENDUM

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12	COMMITTEE NAME							13 Filer ID	(Ethics Cor	nmission Filers)
	Richardson Republican	Women						00054650		
14	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		rted	Lee Finley	Court Of 0	Criminal Ap	l peals, Judge		
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed						
		Measures     (Describe by date and location of election and	A. Suppo	rted						
		nature of issue.)	B. Oppos	ed						
		Officeholders     Assisted     (Identify by name or, if								
		applicable, classify by party.)								
	COMMITTEE ACTIVITY	1. Candidates	A. Suppo	rted	Pam Little	State Boa	rd Of Educ	ation		
		(Identify by name or, if applicable, classify by party.)								
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Suppo	rted						
			B. Oppos	sed						
		Officeholders     Assisted     (Identify by name or, if								
		applicable, classify by party.)								
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		rted	Jason Met	calf Dallas	County Co	ommissioner - I	District 1	
	(Attach lists on plain paper to complete this report if necessary.)		B. Oppos	ed						
		Measures     (Describe by date and location of election and	A. Suppo	rted						
		nature of issue.)								
			B. Oppos	ed						
		Officeholders     Assisted								
		(Identify by name or, if applicable, classify by party.)								

## FORM GPAC ADDENDUM

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12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Richardson Republican	Women			00054650	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Stephen Stanley State Repre	sentative	
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Angie Chen B	utton State Repre	esentative
(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	1. Candidates (Identify by name or, if applicable, classify by party.)		Steve Kinard State Represen	tative	
(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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					rage 0 01 14
				13 Filer ID	(Ethics Commission Filers)
Women				00054650	
1. Candidates (Identify by name or, if applicable, classify by party.)		Judge J. J. Kod	ch Court Of Appe	als, 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.)					
		Jessica Lewis	Court Of Appeals	. Justice	
(Identify by name or, if				,	
	B. Opposed				
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
	B. Opposed				
3. Officeholders Assisted					
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 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  3. Opposed  A. Supported  B. Opposed  B. Opposed	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  B. Opposed  A. Supported  B. Opposed  A. Supported  Jessica Lewis  A. Supported  B. Opposed  B. Opposed  B. Opposed  3. Officeholders     Assisted (Identify by name or, if applicable, classify by party.)  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  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  A. Supported  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  B. Opposed	Nomen  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  Classify by party.)  B. Opposed  A. Supported  Classify by party.  B. Opposed  A. Supported  Describe by date and location of election and nature of issue.)  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed  B. Opposed  B. Opposed  A. Supported  B. Opposed  B. Opposed

#### **SUBTOTALS - GPAC**

# FORM **GPAC**COVER SHEET PG 3

			9 of 14
17 COMMITTE Richardso	EE NAME n Republican Women	<b>18</b> Filer ID 00054650	(Ethics Commission Filers)
19 SCHEDULI NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 964.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 4,389.73
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 TO FILER	RETURNED	\$

MON	ETARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
The In	struction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/1 Rpt: 10/14		
2 FILER N	AME son Republican Women		3	Filer ID (Ethics Commission 00054650	n Filers)
4 Date 07/21/2	5 Full name of contributor out-of-state PAC (ID# Floyd, Deborah  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$42.00
8 Principal	Richardson, TX 75081 occupation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Teache		Winfree Academy	,		
Date 08/21/2	Full name of contributor out-of-state PAC (ID# Lowery, Natasha  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
	Richardson, TX 75080				
Principa Psycho	occupation / Job title (See Instructions) logist	Employer (See Instructions CPST Texas	ıs)		
Date 07/23/2	Contributor address; City; State; Zip Code	:) 		Amount of Contribution (\$)	\$400.00
Principa	Austin, TX 78750 occupation / Job title (See Instructions)	Employer (See Instructions	ls)		

#### 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/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Office Polling pense Printir Salari	Overhea Expens g Expens s/Wage	se s/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1 Total marca Cabadula F1.	2 FILED NAME					_	Files ID	(Ethias Commission Filora)
1 Total pages Schedule F1: Sch: 1/4 Rpt: 11/14		: Republican Wome	en			3	Filer ID 00054650	(Ethics Commission Filers)
4 Date	5 Payee name							
09/11/2024	Amazon							
6 Amount (\$)	<b>7</b> Payee addre	ss; City;	State; Zip	Code				
\$28.65	Amazon.co	m						
— Formanditure from	3051 Resea	arch Dr.						
Expenditure from corporate funds	Richardson	, TX 75082						
8 PURPOSE OF EXPENDITURE	(a) Category (S Event Expe	ee Categories listed at the to	op of this schedule)	(b)	<u> </u>	, TX,	de of Texas. Com officeholder living holder	•
Complete ONLY if direct expenditure to benefit C/OF		ceholder name	Office s	ought			Office he	eld
Date	Payee name							
08/28/2024	Bluehost							
Amount (\$)	Payee addre	ss; City;	State; Zip	Code				
\$22.17	10 Corpora	te Dr						
	Ste 300							
Expenditure from corporate funds	Burlington,	MA 01803						
PURPOSE OF		ee Categories listed at the to	op of this schedule)	(b)	Description			
EXPENDITURE	Advertising	Expense					de of Texas. Com , officeholder living	
Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office s	ought			Office he	eld
Date	Payee name							
07/01/2024	Crystal Ima	ges, Inc.						
Amount (\$) \$19.69	Payee addre 1915 Peter		State; Zip	Code				
Expenditure from corporate funds	Irving, TX 7	5061						
PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description			
EXPENDITURE	name tags						de of Texas. Com officeholder living	•
					name tags	, , ,,	, amounded livilly	, onporto
Complete ONLY if direct	CandidatalOff	achalder name	Office	oual-t			Office	ald
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ceholder name	Office s	ougnt			Office he	eiu

## 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 Co

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

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

nt Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributing 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: 2/4 Rpt: 12/14	Richardson Republican Women 00054650
4	Date	5 Payee name
	09/10/2024	Dees, Dianne
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$240.00	1 Gettysburg Ln
	Expenditure from corporate funds	Richardson, TX 75080
8	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
		reimbursement for Constitution Books distributed in an event.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	07/21/2024	PayPal
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.96	2211 N 1st St
	Expenditure from corporate funds	San Jose, CA 95131
	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
		fees
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/21/2024	Square Reader
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.60	2023 Block, Inc.
		1955 Broadway Ste. 600
	Expenditure from corporate funds	Oakland, CA 94612
	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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		fees
_	Occupation ONE VIII	Our filds to 10 % as halden manner
	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 Co 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

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: 3/4 Rpt: 13/14	Richardson Republican Women 00054650
4 Date	5 Payee name
09/23/2024	Stephen Stanley Campaign
6 Amount (\$) \$300.00	7 Payee address; City; State; Zip Code 3918 Larkin Lane
·	
Expenditure from corporate funds	Garland, TX 75043
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.
EXPENDITORE	Candidate/Officeholder/Political Committee
	campaign donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
07/01/2024	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$177.10	PO Box 171146
Ψ177.10	1 0 50% 1711-10
Expenditure from corporate funds	Austin, TX 78717
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.
LAFENDITORE	Check if Austin, TX, officeholder living expense
	membership-7
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/14/2024	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$101.20	PO Box 171146
- Evnanditure free-	
Expenditure from corporate funds	Austin, TX 78717
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 - 4
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

## 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	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: 4/4 Rpt: 14/14	Richardson Republican Women 00054650
4 Date	5 Payee name
09/12/2024	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$260.42	PO Box 171146
- Evpanditura from	
Expenditure from corporate funds	Austin, TX 78717
8 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  Tribute to Women table sponsorship
	Thouse to Women table sponsorship
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
09/12/2024	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$98.96	PO Box 171146
Expenditure from corporate funds	Austin, TX 78717
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Registration for Tribute to Women participant-Tolliver
	registration in mode to women participant rolliver
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OH	
Date	Payee name
09/24/2024	US Postal Service
Amount (\$)	Payee address; City; State; Zip Code
\$14.60	433 Belle Grove Dr
·	
Expenditure from corporate funds	Richardson, TX 75080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	postage Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense stamps - 20@\$.73
	აιαπμο - Ζυ <u>ლ</u> φ./ ο
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	