#### CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00016985 Date Received COMMITTEE Republican Women of Arlington **ELECTRONICALLY FILED** NAME 12/05/2024 TREASURER Hartin, Randi L. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Year Day Month Day Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** In the original report, under "Report Type", the box named "10th day after campaign treasurer termination" was mistakenly checked. The only box that should have been checked was the "July 15" box. There should not have been a termination of the campaign treasurer at that time. AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Ms. Randi Hartin Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said \_\_\_\_, this the \_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

#### 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) 00016985 3 COMMITTEE NAME **OFFICE USE ONLY** Republican Women of Arlington Date Received **ELECTRONICALLY FILED** 12/05/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 14317 Date Hand-delivered or Date Postmarked Change of Address ARLINGTON, TX 76094-1317 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Randi L. NAME NICKNAME LAST **SUFFIX** Hartin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 401 W. Belknap STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76196 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 14317 MAILING **ADDRESS** Arlington, TX 76094 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 307-2952 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

2 COMMITTEE NAME		[:	13 Filer ID	(Ethics Commission Filers)
Republican Women	of Arlington		00016985	
4 COMMITTEE	1. Candidates	A. Supported		
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	A. Supported		
	(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.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	2,730.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	315.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	9,057.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	25,612.53
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Ms. Rand Signature of Car	i L. Hartin	Iror
AFFIX NOTA	RY STAMP / SEAL ABOVE	Signature of Car	npaign nedSt	n Ci
		, th	is the	day
01	, 20, to certify \	which, witness my hand and seal of office.		
Clamateria of att	advairaintaviras	Drinted source of officer administration with	Tial a - 4 - 411	
Signature of officer	administering oath	Printed name of officer administering oath	riue of offic	cer administering oath

## **SUBTOTALS - GPAC**

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

		4 of 21
17 COMMITTEE NAME	18 Filer ID 00016985	(Ethics Commission Filers)
Republican Women of Arlington		
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,750.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBL	UTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORAT ORGANIZATION	TION OR LABOR	\$
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FRO	OM CORPORATION OR	\$
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR	R LABOR ORGANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION	DN OR LABOR	\$
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION	N OR LABOR ORGANIZATION	\$
9. SCHEDULE E: LOANS		\$
10. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CO	ONTRIBUTIONS	\$ 9,057.20
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL	CONTRIBUTIONS	\$
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL	CONTRIBUTIONS	\$
15. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTO FILER	TRIBUTIONS RETURNED	<b>\$</b> 35.39

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	<b>■ A1</b>
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/21	
2	FILER NAME Republican \	Vomen of Arlington		3	Filer ID (Ethics Commission 00016985	ı Filers)
4	Date 05/16/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
		Arlington, TX 76013				
8	Principal occu student	pation / Job title (See Instructions)	9 Employer (See Instructions	<b>;</b> )		
	Date 05/16/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76013 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Self employe	d				
	Date 05/16/2024	Full name of contributor			Amount of Contribution (\$)	\$40.00
		Arlington, TX 76016				
	Principal occu Finance	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Burgardt, Ashley  Contributor address; City; State; Zip Code  Arlington, TX 76016			Amount of Contribution (\$)	\$30.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Burgardt, Ashley  Contributor address; City; State; Zip Code  Arlington, TX 76016			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/21	
2	FILER NAME Republican	Vomen of Arlington			3	Filer ID (Ethics Commission 00016985	r Filers)
4	Date 05/16/2024	<ul><li>5 Full name of contributor Burgardt, Ashley</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$20.00
		Arlington, TX 76016					
8	Principal occu Retired	pation / Job title (See Instructions		9 Employer (See Instructions	5)		
	Date 04/18/2024	Full name of contributor  Cassell, Karina  Contributor address; City; Sta	out-of-state PAC (ID#:_ ate; Zip Code		•	Amount of Contribution (\$)	\$20.00
	Dringinal occu	Arlington, TX 76011 pation / Job title (See Instructions		Employer (See Instructions	-, 		
	Realtor	pation / 300 title (See Instructions)		Employer (See instructions	>)		
	Date 02/15/2024	Full name of contributor  Coker, Anne  Contributor address; City; Sta		)	•	Amount of Contribution (\$)	\$20.00
		Arlington, TX 76012					
	Principal occu self-employe	pation / Job title (See Instructions) d		Employer (See Instructions self	s)		
	Date 04/18/2024	Full name of contributor Coker, Anne Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu self-employe	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 05/16/2024	Full name of contributor Coker, Anne Contributor address; City; Sta	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$20.00
	Principal occu self-employe	pation / Job title (See Instructions)	)	Employer (See Instructions self	<u>.</u> S)		

	MONET	ARY POLITICAL CONTRIBUTION	<b>)</b>	IS		SCHEDULE	<b>A1</b>
	The Instruc	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/21	
2	FILER NAME Republican \	Vomen of Arlington			3	Filer ID (Ethics Commission 00016985	Filers)
4	Date 01/18/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$20.00
•	Principal occu	Arlington, TX 76016	l <sub>a</sub>	Employor (Soo Instructions	·, 		
8	Uber Driver	pation / Job title (See Instructions)	9	Employer (See Instructions Uber	»)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Crutchfield, Jandel  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
		Mansfield, TX 76063					
	Principal occu UT Arlington	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/18/2024	Full name of contributor out-of-state PAC (ID#:_ DeFrang, Roger  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$30.00
		Arlington, TX 76013					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#: DeLaCruz, M.L.  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	Arlington, TX 76010 pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u> ;)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_Fernandez, Dan  Contributor address; City; State; Zip Code  Arlington, TX 76016		)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		

	MONET	ARY POLITICAL CONTRIE	BUTION	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to comple	te this for	m.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/21	
2	FILER NAME Republican \	Vomen of Arlington			3	Filer ID (Ethics Commission 00016985	ı Filers)
4	Date 04/18/2024	<ul> <li>Full name of contributor  out-of-state Galante, Mauricio</li> <li>Contributor address; City; State; Zip Code</li> </ul>	PAC (ID#:	)	7	Amount of Contribution (\$)	\$20.00
_	Deinsinal assu	Arlington, TX 76006	10	Franksian (Cas Instructions	<u></u>		
8	Business Ow	pation / Job title (See Instructions) ner	g	Employer (See Instructions	5)		
	Date 02/15/2024	Gallagher , George	PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Fort Worth, TX 76196	1				
	Principal occu  Judge	pation / Job title (See Instructions)		Employer (See Instructions State of Texas	5)		
	Date 03/21/2024	Full name of contributor out-of-state George, Yleen Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$20.00
		Arlington, TX 76016					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 01/18/2024	Full name of contributor out-of-state Giardino, Vincent  Contributor address; City; State; Zip Code  Fort Worth, TX 76179				Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> 5)		
	Date 05/16/2024	Full name of contributor out-of-state Graham, Dora  Contributor address; City; State; Zip Code  Arlington, TX 76015		)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		

	MONEI	ARY POLITICAL CON	TRIBUTIONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to co	omplete this form.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/21	
2	FILER NAME	Momon of Arlington		3	Filer ID (Ethics Commission 00016985	r Filers)
	-	Nomen of Arlington		<b>-</b>  -		
01/18/2024 Hess, Robyn		_	i-of-state PAC (ID#:) D Code		Amount of Contribution (\$)	\$30.00
		Grand Prairie, TX 75054				
8	Principal occu unknown	pation / Job title (See Instructions)	9 Employer (See Instruction unknown	ons)		
	Date 05/16/2024	Full name of contributor ou Jessup, Ted Contributor address; City; State; Zij	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$20.00
		Arlington, TX 76016				
	Principal occu Self employe	pation / Job title (See Instructions) ed	Employer (See Instruction	ons)		
	Date 03/21/2024	Full name of contributor ou ou McGovern, Jo Contributor address; City; State; Zij	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$20.00
		Arlington, TX 76017				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instruction retired	ons)		
	Date 03/21/2024	Full name of contributor ou Moore, Terry  Contributor address; City; State; Zip  Mansfield, TX 76063	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$40.00
		pation / Job title (See Instructions) ar equip sales	Employer (See Instruction unknown	ons)		
	Date 03/21/2024	Full name of contributor ou parra, Catherine  Contributor address; City; State; Zip  Arlington, TX 76012	t-of-state PAC (ID#:)  Code		Amount of Contribution (\$)	\$20.00
	Principal occu Pharmacist	pation / Job title (See Instructions)	Employer (See Instruction	ons)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	<b>■ A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/21	
2	FILER NAME Republican \	Women of Arlington		3	Filer ID (Ethics Commission 00016985	Filers)
4	Date 01/18/2024	Full name of contributor	)	7	Amount of Contribution (\$)	\$20.00
_	<u></u>	Crowley, TX 76036				
8	Principal occu Teacher	ipation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Date 02/15/2024	Full name of contributor out-of-state PAC (ID#:_ Pegues, JoNell Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$20.00
	<u> </u>	Arlington, TX 76016				
	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Pegues, JoNell Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$30.00
		Arlington, TX 76016				
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:_ Pegues, JoNell Contributor address; City; State; Zip Code  Arlington, TX 76016	)		Amount of Contribution (\$)	\$20.00
	Principal occu retired	ipation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (ID#:_ Perez , Melissa Contributor address; City; State; Zip Code  Mansfield, TX 76063			Amount of Contribution (\$)	\$40.00
	Principal occu Self Employe	ipation / Job title (See Instructions) ed	Employer (See Instructions	)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	<b>■ A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 7/9 Rpt: 11/21	
2	FILER NAME Republican \	Vomen of Arlington			3	Filer ID (Ethics Commission 00016985	ı Filers)
4	Date 03/21/2024	<ul><li>5 Full name of contributor Pham , Long</li><li>6 Contributor address; City; St.</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$30.00
_	Discipal	Arlington, TX 76002	<u>,                                      </u>	O Frankrije (O a krativati a			
8	Arlington City	pation / Job title (See Instructions / Council	)	9 Employer (See Instructions	5)		
	Date 05/16/2024	Full name of contributor Popp, Jay Contributor address; City; St				Amount of Contribution (\$)	\$20.00
	Dringinal occu	Arlington, TX 76012 pation / Job title (See Instructions	<u> </u>	Employer (See Instructions	·)		
	Realtor	pation / Job title (See manuchons	,	Employer (See instructions	P)		
	Date 03/21/2024	Full name of contributor Richardson, Brooklyn Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
		Arlington, TX 76014					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u>I</u> S)		
	Date 03/21/2024	Full name of contributor Romero, Jamie Contributor address; City; St. Arlington, TX 76017	out-of-state PAC (ID#:_ ate; Zip Code	)		Amount of Contribution (\$)	\$20.00
	Principal occu	pation / Job title (See Instructions er	)	Employer (See Instructions	<u>I</u> S)		
	Date 01/18/2024	Full name of contributor Schenck, David Contributor address; City; St	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$20.00
	Principal occu Attorney	pation / Job title (See Instructions	)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUT	TONS		SCHEDULI	E <b>A1</b>
	The Instruc	ction Guide explains how to complete thi	is form.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/21	
2	FILER NAME Republican \	Vomen of Arlington		3	Filer ID (Ethics Commission 00016985	n Filers)
4	Date 03/21/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$40.00
_		Arlington, TX 76016	<u> </u>	Ĺ		
8	Principal occu HR Software	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 05/16/2024	Full name of contributor out-of-state PAC (II Stockwell, Penelope  Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$20.00
	Principal occu	Arlington, TX 76005 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Retired	,				
	Date 02/15/2024	Full name of contributor out-of-state PAC (II Uhlman, Marcia Contributor address; City; State; Zip Code	D#:)		Amount of Contribution (\$)	\$30.00
		Arlington, TX 76005				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired	s)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (II Ventura, Lisa Contributor address; City; State; Zip Code Arlington, TX 76012	D#:)		Amount of Contribution (\$)	\$30.00
	Principal occu Precinct Cha	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> s)		
	Date 03/21/2024	Full name of contributor out-of-state PAC (II Wilkerson, Denise Contributor address; City; State; Zip Code Arlington, TX 76013	D#:)		Amount of Contribution (\$)	\$20.00
	Principal occu retired	oation / Job title (See Instructions)	Employer (See Instructions retired	s)		
			•			

	MONET	TARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 9/9 Rpt: 13/21
2	FILER NAME Republican	Women of Arlington		3 Filer ID (Ethics Commission Filers) 00016985
4	Date 01/18/2024	<ul> <li>Full name of contributor</li></ul>		7 Amount of Contribution (\$) \$50.00
		Arlington, TX 76016		
8	Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instruction retired	ns)

### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services 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 co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 1/6 Rpt: 14/21	Republican Women of Arlington		00016985	
4 Date	5 Payee name		ı	
04/12/2024	Amazon.com Services LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$12.56	410 Terry Ave. North			
Expenditure from corporate funds	Seattle, WA 98109			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Expense		outside of Texas. Compl	
		event expens	, TX, officeholder living e	expense
		event expens	56	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office hel	d
expenditure to benefit C/O		grit	Office fiel	u
Dete				
Date	Payee name			
01/22/2024	Arlington Republican Club			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$5,648.05	P.O. Box 14095			
Expenditure from corporate funds	Arlington, TX 76094			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Event Expense		outside of Texas. Compl	lete Schedule T.
EXPENDITURE		Check if Austin	, TX, officeholder living	expense
		Event Expens	ses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office hel	d
experientare to benefit 6/01				
Date	Payee name			
01/10/2024	Digital Corporate Companies			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$374.50	801 Station Dr # 109			
Expenditure from corporate funds	Arlington, TX 76015			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Printing Expense	Check if travel	outside of Texas. Comp	lete Schedule T.
LXFLINDITORL			, TX, officeholder living e	expense
		signage		
Complete Chill V St. div.	Condidate/Officeholder as	ar la é	Office 1	۵.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ynı	Office hel	u

### SCHEDULE F1

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

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

Candidate/Officenoider/Politica 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: 2/6 Rpt: 15/21	Republican Women of Arlington 00016985			
4 Date	5 Payee name			
01/10/2024	Digital Corporate Companies			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$149.00	801 Station Dr # 109			
Expenditure from corporate funds	Arlington, TX 76015			
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			
	Signage			
	Signage			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OF				
Date	Payee name			
01/31/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$5.00	3801 Matlock			
Expenditure from corporate funds	Arlington, TX 76015			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
EXI ENDITORE	Check if Austin, TX, officeholder living expense			
	Bank account fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
CAPORIGINA TO BORION C.C.	<u></u>			
Date	Payee name			
02/29/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Code			
\$5.00	3801 Matlock			
Expenditure from corporate funds	Arlington, TX 76015			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.			
LAFLINDITONE	Check if Austin, TX, officeholder living expense			
	Bank account fee			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held			
- p				

### 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 con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 3/6 Rpt: 16/21	Republican Women of Arlington	00016985		
4 Date	5 Payee name	<u>'</u>		
03/31/2024	Frost Bank			
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de		
\$5.00	3801 Matlock			
Expenditure from corporate funds	Arlington, TX 76015			
8 PURPOSE	_	(b) Description		
OF	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense		
		Bank account fee		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held		
experientare to serious eyes				
Date	Payee name			
04/30/2024	Frost Bank			
Amount (\$)	Payee address; City; State; Zip Coo	le		
\$5.00	3801 Matlock			
Expenditure from				
corporate funds	Arlington, TX 76015			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense  Bank account fee		
		Dank account ice		
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held		
expenditure to benefit C/O				
Date	Payee name			
05/31/2024	Frost Bank			
		lo.		
Amount (\$) \$5.00	Payee address; City; State; Zip Coo 3801 Matlock	ic .		
Ψ5.00	JOOT MICHOCK			
Expenditure from	Arlington TV 76015			
corporate funds	Arlington, TX 76015	7.		
PURPOSE OF	, ,	(b) Description  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Accounting/Banking	Check if Austin, TX, officeholder living expense		
		Bank account fee		
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held		
expenditure to benefit C/OH				

### 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

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: 4/6 Rpt: 17/21	Republican Women of Arlington 00016985		
4 Date	5 Payee name		
06/30/2024	Frost Bank		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5.00	3801 Matlock		
Expenditure from corporate funds	Arlington, TX 76015		
8 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		
	Bank account fee		
	Barin account for		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
01/22/2024	Reagan Legacy Republican Club		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	111 Walnut St. Ste F		
\$500.00	111 Wallut St. Ste F		
Expenditure from corporate funds	Mansfield, TX 76063		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Fivent Expense  Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
	Event Expenses		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
01/18/2024	Skillet-N-Grill		
Amount (\$)	Payee address; City; State; Zip Code		
\$308.67	1801 W. Division St.		
4000.01	1001 W. Bivision Ct.		
Expenditure from corporate funds	Arlington, TX 76012		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Food/Beverage Expense		
EXPENDITURE	Check if Austin, TX, officeholder living expense		
	luncheon		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
,			

### 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 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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 5/6 Rpt: 18/21	Republican Women of Arlington 00016985
4 Date	5 Payee name
02/16/2024	Skillet-N-Grill
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$431.27	1801 W. Division St.
Expenditure from	
corporate funds	Arlington, TX 76012
8 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
	Luncheon
	Landricon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/22/2024	Skillet-N-Grill
Amount (\$)	Payee address; City; State; Zip Code
\$578.50	1801 W. Division St.
Expenditure from corporate funds	Arlington, TX 76012
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
	Luncheon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/17/2024	Skillet-N-Grill
Amount (\$)	Payee address; City; State; Zip Code
\$433.65	1801 W. Division St.
Expenditure from corporate funds	Arlington, TX 76012
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  Luncheon
	Luncheon
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

Event 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 E Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Commission File	ers)
Sch: 6/6 Rpt: 19/21	Republican Women of Arlington 00016985	
4 Date	5 Payee name	
04/18/2024	Skillet-N-Grill	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$276.00	1801 W. Division St.	
Expenditure from		
corporate funds	Arlington, TX 76012	
8 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	
	Luncheon	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/C	OH	
1		

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

	The Instruction Guide explains how to complete this form.			ages Schedule K: ./2 Rpt: 20/21			
2	FILER NAME		3	File	r ID	(Ethics Commission Fi	lers)
	Republican \	Republican Women of Arlington 0001			)16	985	
4	Date	5 Name of person from whom amount is received				8 Amount (\$)	
	01/31/2024	Frost Bank					\$6.01
		6 Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth, TX 76162					
		7 Purpose for which amount is received Check if po	olitic	cal c	ontr	ibution returned to filer	
		Interest on MM account					
	Date	Name of person from whom amount is received			_	Amount (\$)	
	02/29/2024	Frost Bank				Amount ( $\phi$ )	\$5.63
	02/23/2024						Ψ0.00
		Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth, TX 76162					
			olitic	ral c	ontr	ibution returned to filer	
		Interest on MM account	Jiidic	Jui C	oriti	ibation retained to mer	
	5 .				_	A (A)	
	Date	Name of person from whom amount is received  Frost Bank				Amount (\$)	<b>ተ</b> ር ሰን
	03/31/2024						\$6.02
		Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth, TX 76162					
			alitic	ral c	ontr	ibution returned to filer	
		Interest on MM account	JIILIC	Jai C	Jiiti	ibution returned to mer	
	Data				_	Δ (Φ)	
	Date	Name of person from whom amount is received				Amount (\$)	<b>ተ</b> ር 0.4
	04/30/2024	Frost Bank					\$5.84
		Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth, TX 76162					
			. 1242 -				
		Purpose for which amount is received Check if po	JIILIC	cai c	onur	ibution returned to filer	
					_		
	Date	Name of person from whom amount is received				Amount (\$)	****
	05/31/2024	Frost Bank					\$6.04
		Address of person from whom amount is received; City; State; Zip Code					
		Fort Worth TV 76162					
		Fort Worth, TX 76162					
		<u> </u>	olitic	cal c	ontr	ibution returned to filer	
		Interest on MM account					

# 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: 2/2 Rpt: 21/21 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Republican Women of Arlington 00016985 5 Name of person from whom amount is received 8 Amount (\$) 06/30/2024 \$5.85 Frost Bank 6 Address of person from whom amount is received; City; State; Zip Code Fort Worth, TX 76162 Purpose for which amount is received Check if political contribution returned to filer Interest on MM account