

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|                                                          |                                                   |                                                                        |                                                     |
|----------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00016985 | <b>2</b> Total pages filed:<br>21                 | <b>OFFICE USE ONLY</b>                                                 |                                                     |
| <b>3</b> COMMITTEE NAME<br>Republican Women of Arlington |                                                   |                                                                        | Date Received<br>ELECTRONICALLY FILED<br>12/05/2024 |
| <b>4</b> TREASURER NAME<br>Hartin, Randi L. (Ms.)        |                                                   |                                                                        | Date Hand-delivered or Date Postmarked              |
| <b>5</b> ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15               | <input type="checkbox"/> Runoff                                        | Receipt #                                           |
|                                                          | <input checked="" type="checkbox"/> July 15       | <input type="checkbox"/> 10th day after campaign treasurer resignation |                                                     |
|                                                          | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Dissolution report                            | Amount                                              |
|                                                          | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Other (specify) _____                         | Date Processed                                      |
| <b>6</b> ORIGINAL PERIOD COVERED                         | Month Day Year                                    | THROUGH                                                                | Month Day Year                                      |
|                                                          | 01/01/2024                                        |                                                                        | 06/30/2024                                          |
| <b>7</b> EXPLANATION OF CORRECTION                       |                                                   |                                                                        |                                                     |

**7 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.

**8 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 \_\_\_\_\_ 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 administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

|                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                      |                                   |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>The GPAC Instruction Guide explains how to complete this form.</b>                         |  | <b>1 Filer ID</b><br>(Ethics Commission Filers)<br>00016985                                                                                                                                                                                                                                                                                          | <b>2 Total pages filed:</b><br>21 |
| <b>3 COMMITTEE NAME</b><br>Republican Women of Arlington                                      |  | <b>OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                               |                                   |
|                                                                                               |  | Date Received<br><b>ELECTRONICALLY FILED</b><br>12/05/2024                                                                                                                                                                                                                                                                                           |                                   |
| <b>4 COMMITTEE ADDRESS</b><br><br><input type="checkbox"/> Change of Address                  |  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 14317<br><br>ARLINGTON, TX 76094-1317                                                                                                                                                                                                                                               |                                   |
|                                                                                               |  | Date Hand-delivered or Date Postmarked                                                                                                                                                                                                                                                                                                               |                                   |
|                                                                                               |  | Receipt #                                                                                                                                                                                                                                                                                                                                            | Amount                            |
|                                                                                               |  | Date Processed                                                                                                                                                                                                                                                                                                                                       |                                   |
|                                                                                               |  | Date Imaged                                                                                                                                                                                                                                                                                                                                          |                                   |
| <b>5 CAMPAIGN TREASURER NAME</b>                                                              |  | MS / MRS / MR FIRST MI<br>Ms. Randi L.                                                                                                                                                                                                                                                                                                               |                                   |
|                                                                                               |  | NICKNAME LAST SUFFIX<br>Hartin                                                                                                                                                                                                                                                                                                                       |                                   |
| <b>6 CAMPAIGN TREASURER STREET ADDRESS</b><br><small>(Residence or Business)</small>          |  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>401 W. Belknap<br><br>Fort Worth, TX 76196                                                                                                                                                                                                                                |                                   |
| <b>7 CAMPAIGN TREASURER MAILING ADDRESS</b><br><br><input type="checkbox"/> Change of Address |  | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 14317<br><br>Arlington, TX 76094                                                                                                                                                                                                                                                    |                                   |
| <b>8 CAMPAIGN TREASURER PHONE</b>                                                             |  | AREA CODE PHONE NUMBER EXTENSION<br>(817) 307-2952                                                                                                                                                                                                                                                                                                   |                                   |
| <b>9 REPORT TYPE</b>                                                                          |  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                   |
| <b>10 PERIOD COVERED</b>                                                                      |  | Month Day Year      Month Day Year<br>01/01/2024      THROUGH      06/30/2024                                                                                                                                                                                                                                                                        |                                   |
| <b>11 ELECTION</b>                                                                            |  | ELECTION DATE      ELECTION TYPE<br>Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br>03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special                                                                                                        |                                   |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Republican Women of Arlington | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00016985 |
|-----------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                               |                                                                                                                                              |              |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>15 CONTRIBUTION TOTALS</b> | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> | \$ 2,730.00  |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |              |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>                                                  | \$ 3,750.00  |
| EXPENDITURE TOTALS            | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>                                                                                            | \$ 315.00    |
|                               | <b>4. TOTAL POLITICAL EXPENDITURES</b>                                                                                                       | \$ 9,057.20  |
| CONTRIBUTION BALANCE          | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                                | \$ 25,612.53 |
| OUTSTANDING LOAN TOTALS       | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>                                         | \$ 0.00      |

**16 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Randi L. Hartin  
\_\_\_\_\_  
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this 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 administering oath

# SUBTOTALS - GPAC

|                                                           |                                                                                                                        |                                                           |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Republican Women of Arlington |                                                                                                                        | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00016985 |
| <b>19 SCHEDULE SUBTOTALS</b>                              |                                                                                                                        | SUBTOTAL AMOUNT                                           |
|                                                           | NAME OF SCHEDULE                                                                                                       |                                                           |
| 1.                                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 3,750.00                                               |
| 2.                                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                                   | \$                                                        |
| 3.                                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                             | \$                                                        |
| 4.                                                        | <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                    | \$                                                        |
| 5.                                                        | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION      | \$                                                        |
| 6.                                                        | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                          | \$                                                        |
| 7.                                                        | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION                      | \$                                                        |
| 8.                                                        | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                      | \$                                                        |
| 9.                                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                             | \$                                                        |
| 10.                                                       | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$ 9,057.20                                               |
| 11.                                                       | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                                      | \$                                                        |
| 12.                                                       | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                                                        |
| 13.                                                       | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                                 | \$                                                        |
| 14.                                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                                                        |
| 15.                                                       | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 35.39                                                  |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                         |                                                                                                                                                                                                  |                                                          |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 5/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                    |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>05/16/2024                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Adams, Mary<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013 | <b>7</b> Amount of Contribution (\$)<br><br>\$40.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>student |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)                     |
| Date<br>05/16/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Arra, Michael<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013                 | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Self employed    |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>05/16/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brand, Bill<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                   | Amount of Contribution (\$)<br><br>\$40.00               |
| Principal occupation / Job title (See Instructions)<br>Finance          |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>03/21/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burgardt, Ashley<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016              | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Retired          |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>04/18/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burgardt, Ashley<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016              | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Retired          |                                                                                                                                                                                                  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                         |                                                                                                                                                                                                       |                                                          |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 6/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                    |                                                                                                                                                                                                       | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>05/16/2024                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Burgardt, Ashley<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)                     |
| Date<br>04/18/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Cassell, Karina<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76011                    | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Realtor          |                                                                                                                                                                                                       | Employer (See Instructions)                              |
| Date<br>02/15/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coker, Anne<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                        | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>self-employed    |                                                                                                                                                                                                       | Employer (See Instructions)<br>self                      |
| Date<br>04/18/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coker, Anne<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                        | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>self-employed    |                                                                                                                                                                                                       | Employer (See Instructions)<br>self                      |
| Date<br>05/16/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coker, Anne<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                        | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>self-employed    |                                                                                                                                                                                                       | Employer (See Instructions)<br>self                      |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                             |                                                                                                                                                                                                         |                                                          |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |                                                                                                                                                                                                         | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 7/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                        |                                                                                                                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>01/18/2024                                                 | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Crocker, Elizabeth<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Uber Driver |                                                                                                                                                                                                         | <b>9</b> Employer (See Instructions)<br>Uber             |
| Date<br>03/21/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Crutchfield, Jandel<br><hr/> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063                  | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>UT Arlington         |                                                                                                                                                                                                         | Employer (See Instructions)                              |
| Date<br>01/18/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeFrang, Roger<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013                       | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Retired              |                                                                                                                                                                                                         | Employer (See Instructions)                              |
| Date<br>02/15/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DeLaCruz, M.L.<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76010                       | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Retired              |                                                                                                                                                                                                         | Employer (See Instructions)<br>Retired                   |
| Date<br>04/18/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Fernandez, Dan<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                       | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Retired              |                                                                                                                                                                                                         | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                |                                                                                                                |                                                          |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                                                | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 8/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                           |                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>04/18/2024                                                    | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Galante, Mauricio | <b>7</b> Amount of Contribution (\$) \$20.00             |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76006 |                                                                                                                |                                                          |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Business Owner |                                                                                                                | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/15/2024                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gallagher , George         | Amount of Contribution (\$) \$20.00                      |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76196         |                                                                                                                |                                                          |
| Principal occupation / Job title (See Instructions)<br>Judge                   |                                                                                                                | Employer (See Instructions)<br>State of Texas            |
| Date<br>03/21/2024                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>George, Yleen              | Amount of Contribution (\$) \$20.00                      |
| Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016          |                                                                                                                |                                                          |
| Principal occupation / Job title (See Instructions)<br>Retired                 |                                                                                                                | Employer (See Instructions)                              |
| Date<br>01/18/2024                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Giardino, Vincent          | Amount of Contribution (\$) \$20.00                      |
| Contributor address; City; State; Zip Code<br><br>Fort Worth, TX 76179         |                                                                                                                |                                                          |
| Principal occupation / Job title (See Instructions)<br>Attorney                |                                                                                                                | Employer (See Instructions)                              |
| Date<br>05/16/2024                                                             | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Graham, Dora               | Amount of Contribution (\$) \$20.00                      |
| Contributor address; City; State; Zip Code<br><br>Arlington, TX 76015          |                                                                                                                |                                                          |
| Principal occupation / Job title (See Instructions)<br>Retired                 |                                                                                                                | Employer (See Instructions)                              |



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                   |                                                                                                                                                                                                      |                                                          |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                  |                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 9/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                              |                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>01/18/2024                                                       | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hess, Robyn<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Grand Prairie, TX 75054 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>unknown           |                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)<br>unknown          |
| Date<br>05/16/2024                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jessup, Ted<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                       | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Self employed              |                                                                                                                                                                                                      | Employer (See Instructions)                              |
| Date<br>03/21/2024                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McGovern, Jo<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                      | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>retired                    |                                                                                                                                                                                                      | Employer (See Instructions)<br>retired                   |
| Date<br>03/21/2024                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moore, Terry<br><hr/> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063                      | Amount of Contribution (\$)<br><br>\$40.00               |
| Principal occupation / Job title (See Instructions)<br>cardiovascular equip sales |                                                                                                                                                                                                      | Employer (See Instructions)<br>unknown                   |
| Date<br>03/21/2024                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Parra, Catherine<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                  | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Pharmacist                 |                                                                                                                                                                                                      | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                         |                                                                                                                                                                                                      |                                                          |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                      | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 10/21 |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                    |                                                                                                                                                                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>01/18/2024                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pearson, Victoria<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Crowley, TX 76036 | <b>7</b> Amount of Contribution (\$)<br><br>\$20.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Teacher |                                                                                                                                                                                                      | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/15/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pegues, JoNell<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                    | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |                                                                                                                                                                                                      | Employer (See Instructions)<br>retired                   |
| Date<br>03/21/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pegues, JoNell<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                    | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |                                                                                                                                                                                                      | Employer (See Instructions)<br>retired                   |
| Date<br>04/18/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pegues, JoNell<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016                    | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>retired          |                                                                                                                                                                                                      | Employer (See Instructions)<br>retired                   |
| Date<br>03/21/2024                                                      | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Perez , Melissa<br><hr/> Contributor address; City; State; Zip Code<br><br>Mansfield, TX 76063                   | Amount of Contribution (\$)<br><br>\$40.00               |
| Principal occupation / Job title (See Instructions)<br>Self Employed    |                                                                                                                                                                                                      | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                        |                                                                                                                                                                                                  |                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                       |                                                                                                                                                                                                  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 11/21 |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                                   |                                                                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>03/21/2024                                                            | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pham , Long<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76002 | <b>7</b> Amount of Contribution (\$)<br><br>\$30.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Arlington City Council |                                                                                                                                                                                                  | <b>9</b> Employer (See Instructions)                     |
| Date<br>05/16/2024                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Popp, Jay<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                     | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Realtor                         |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>03/21/2024                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Richardson, Brooklyn<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76014          | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>AISD Trustee                    |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>03/21/2024                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Romero, Jamie<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76017                 | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>office manager                  |                                                                                                                                                                                                  | Employer (See Instructions)                              |
| Date<br>01/18/2024                                                                     | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Schenck, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75225                   | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Attorney                        |                                                                                                                                                                                                  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                             |                                                                                                                                                                                                        |                                                          |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |                                                                                                                                                                                                        | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 12/21 |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                        |                                                                                                                                                                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>03/21/2024                                                 | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Schwengler, Ashley<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016 | <b>7</b> Amount of Contribution (\$)<br><br>\$40.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>HR Software |                                                                                                                                                                                                        | <b>9</b> Employer (See Instructions)                     |
| Date<br>05/16/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Stockwell, Penelope<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76005                  | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>Retired              |                                                                                                                                                                                                        | Employer (See Instructions)                              |
| Date<br>02/15/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Uhlman, Marcia<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76005                       | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Retired              |                                                                                                                                                                                                        | Employer (See Instructions)<br>Retired                   |
| Date<br>03/21/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ventura, Lisa<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76012                        | Amount of Contribution (\$)<br><br>\$30.00               |
| Principal occupation / Job title (See Instructions)<br>Precinct Chair 2745  |                                                                                                                                                                                                        | Employer (See Instructions)                              |
| Date<br>03/21/2024                                                          | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilkerson, Denise<br><hr/> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76013                    | Amount of Contribution (\$)<br><br>\$20.00               |
| Principal occupation / Job title (See Instructions)<br>retired              |                                                                                                                                                                                                        | Employer (See Instructions)<br>retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

|                                                                         |                                                                                                                                                                                                          |                                                          |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>        |                                                                                                                                                                                                          | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 13/21 |
| <b>2</b> FILER NAME<br>Republican Women of Arlington                    |                                                                                                                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>01/18/2024                                             | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Williamson , Miriam<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Arlington, TX 76016 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>retired |                                                                                                                                                                                                          | <b>9</b> Employer (See Instructions)<br>retired          |

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                                                                  |                                                                                                |                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/6 Rpt: 14/21                                         | <b>2</b> FILER NAME<br>Republican Women of Arlington                                           | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985                                                                                                                                                 |
| <b>4</b> Date<br>04/12/2024                                                                      | <b>5</b> Payee name<br>Amazon.com Services LLC                                                 |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$12.56<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>410 Terry Ave. North<br><br>Seattle, WA 98109 |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>event expense  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              |                                                                                                |                                                                                                                                                                                                          |
| Date<br>01/22/2024                                                                               | Candidate/Officeholder name<br>Arlington Republican Club                                       |                                                                                                                                                                                                          |
| Amount (\$)<br>\$5,648.05<br><br><input type="checkbox"/> Expenditure from corporate funds       | Office sought<br>P.O. Box 14095<br><br>Arlington, TX 76094                                     |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Expenses |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                |                                                                                                                                                                                                          |
| Date<br>01/10/2024                                                                               | Candidate/Officeholder name<br>Digital Corporate Companies                                     |                                                                                                                                                                                                          |
| Amount (\$)<br>\$374.50<br><br><input type="checkbox"/> Expenditure from corporate funds         | Office sought<br>801 Station Dr # 109<br><br>Arlington, TX 76015                               |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>signage        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                       |                                                                                                |                                                                                                                                                                                                          |

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                          |                                                      |                                                          |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/6 Rpt: 15/21 | <b>2</b> FILER NAME<br>Republican Women of Arlington | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|

|                             |                                                    |
|-----------------------------|----------------------------------------------------|
| <b>4</b> Date<br>01/10/2024 | <b>5</b> Payee name<br>Digital Corporate Companies |
|-----------------------------|----------------------------------------------------|

|                                                                                                   |                                                                                                  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$149.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>801 Station Dr # 109<br><br>Arlington, TX 76015 |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

|                                 |                                                                                             |                                                                                                                                                                                                   |
|---------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>signage |
|---------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                              |                             |               |             |
|--------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>01/31/2024 | Payee name<br>Frost Bank |
|--------------------|--------------------------|

|                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                        |                                                                                        |                                                                                                                                                                                                     |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                             |               |             |
|-----------------------------------------------------|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>02/29/2024 | Payee name<br>Frost Bank |
|--------------------|--------------------------|

|                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                        |                                                                                        |                                                                                                                                                                                                     |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                             |               |             |
|-----------------------------------------------------|-----------------------------|---------------|-------------|
| Complete ONLY 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 Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                          |                                                      |                                                          |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/6 Rpt: 16/21 | <b>2</b> FILER NAME<br>Republican Women of Arlington | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>03/31/2024 | <b>5</b> Payee name<br>Frost Bank |
|-----------------------------|-----------------------------------|

|                                                                                                 |                                                                                          |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                 |                                                                                               |                                                                                                                                                                                                            |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                     |                             |               |             |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---------------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>04/30/2024 | Payee name<br>Frost Bank |
|--------------------|--------------------------|

|                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                        |                                                                                        |                                                                                                                                                                                                     |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>05/31/2024 | Payee name<br>Frost Bank |
|--------------------|--------------------------|

|                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                        |                                                                                        |                                                                                                                                                                                                     |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                            |                             |               |             |
|------------------------------------------------------------|-----------------------------|---------------|-------------|
| 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 Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                          |                                                      |                                                          |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/6 Rpt: 17/21 | <b>2</b> FILER NAME<br>Republican Women of Arlington | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
|----------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>06/30/2024 | <b>5</b> Payee name<br>Frost Bank |
|-----------------------------|-----------------------------------|

|                                                                                                 |                                                                                          |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>6</b> Amount (\$)<br>\$5.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>3801 Matlock<br><br>Arlington, TX 76015 |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                 |                                                                                               |                                                                                                                                                                                                            |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank account fee |
|---------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                              |                             |               |             |
|--------------------------------------------------------------|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--------------------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                                             |
|--------------------|---------------------------------------------|
| Date<br>01/22/2024 | Payee name<br>Reagan Legacy Republican Club |
|--------------------|---------------------------------------------|

|                                                                                          |                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Amount (\$)<br>\$500.00<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>111 Walnut St. Ste F<br><br>Mansfield, TX 76063 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                               |                                                                                          |                                                                                                                                                                                                          |
|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Expenses |
|-------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                             |               |             |
|-----------------------------------------------------|-----------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|-----------------------------------------------------|-----------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>01/18/2024 | Payee name<br>Skillet-N-Grill |
|--------------------|-------------------------------|

|                                                                                          |                                                                                         |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Amount (\$)<br>\$308.67<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>1801 W. Division St.<br><br>Arlington, TX 76012 |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

|                               |                                                                                                  |                                                                                                                                                                                                    |
|-------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>luncheon |
|-------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                     |                             |               |             |
|-----------------------------------------------------|-----------------------------|---------------|-------------|
| Complete ONLY 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 Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                  |                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/6 Rpt: 18/21                                          | <b>2</b> FILER NAME<br>Republican Women of Arlington                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985                                                                                                                                           |
| <b>4</b> Date<br>02/16/2024                                                                       | <b>5</b> Payee name<br>Skillet-N-Grill                                                           |                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$431.27<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1801 W. Division St.<br><br>Arlington, TX 76012 |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH                                      | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                          |
| Date<br>03/22/2024                                                                                | Payee name<br>Skillet-N-Grill                                                                    |                                                                                                                                                                                                    |
| Amount (\$)<br>\$578.50<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1801 W. Division St.<br><br>Arlington, TX 76012          |                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon        |
| Complete ONLY if direct expenditure to benefit C/OH                                               | Candidate/Officeholder name                                                                      | Office sought Office held                                                                                                                                                                          |
| Date<br>05/17/2024                                                                                | Payee name<br>Skillet-N-Grill                                                                    |                                                                                                                                                                                                    |
| Amount (\$)<br>\$433.65<br><br><input type="checkbox"/> Expenditure from corporate funds          | Payee address; City; State; Zip Code<br>1801 W. Division St.<br><br>Arlington, TX 76012          |                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                                                            | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon        |
| Complete ONLY 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 Committee  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

|                                                                                                   |                                                                                                  |                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/6 Rpt: 19/21                                          | <b>2</b> FILER NAME<br>Republican Women of Arlington                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985                                                                                                                                           |
| <b>4</b> Date<br>04/18/2024                                                                       | <b>5</b> Payee name<br>Skillet-N-Grill                                                           |                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$276.00<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>1801 W. Division St.<br><br>Arlington, TX 76012 |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Luncheon |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                               | Candidate/Officeholder name                                                                      | Office sought                      Office held                                                                                                                                                     |

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

**SCHEDULE K**

|                                                                  |                                                                                                                                                    |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                                                    | <b>1</b> Total pages Schedule K:<br>Sch: 1/2 Rpt: 20/21  |
| <b>2</b> FILER NAME<br>Republican Women of Arlington             |                                                                                                                                                    | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985 |
| <b>4</b> Date<br>01/31/2024                                      | <b>5</b> Name of person from whom amount is received<br>Frost Bank                                                                                 | <b>8</b> Amount (\$)<br>\$6.01                           |
|                                                                  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162                                         |                                                          |
|                                                                  | <b>7</b> Purpose for which amount is received<br>Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer |                                                          |
| Date<br>02/29/2024                                               | Name of person from whom amount is received<br>Frost Bank                                                                                          | Amount (\$)<br>\$5.63                                    |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162                                                  |                                                          |
|                                                                  | Purpose for which amount is received<br>Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer          |                                                          |
| Date<br>03/31/2024                                               | Name of person from whom amount is received<br>Frost Bank                                                                                          | Amount (\$)<br>\$6.02                                    |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162                                                  |                                                          |
|                                                                  | Purpose for which amount is received<br>Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer          |                                                          |
| Date<br>04/30/2024                                               | Name of person from whom amount is received<br>Frost Bank                                                                                          | Amount (\$)<br>\$5.84                                    |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162                                                  |                                                          |
|                                                                  | Purpose for which amount is received<br>Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer          |                                                          |
| Date<br>05/31/2024                                               | Name of person from whom amount is received<br>Frost Bank                                                                                          | Amount (\$)<br>\$6.04                                    |
|                                                                  | Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162                                                  |                                                          |
|                                                                  | Purpose for which amount is received<br>Interest on MM account <input type="checkbox"/> Check if political contribution returned to filer          |                                                          |

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

SCHEDULE K

|                                                                  |                                                                                                            |                                                                            |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                            | <b>1</b> Total pages Schedule K:<br>Sch: 2/2 Rpt: 21/21                    |
| <b>2</b> FILER NAME<br>Republican Women of Arlington             |                                                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00016985                   |
| <b>4</b> Date<br>06/30/2024                                      | <b>5</b> Name of person from whom amount is received<br>Frost Bank                                         | <b>8</b> Amount (\$)<br>\$5.85                                             |
|                                                                  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Fort Worth, TX 76162 |                                                                            |
|                                                                  | <b>7</b> Purpose for which amount is received<br>Interest on MM account                                    | <input type="checkbox"/> Check if political contribution returned to filer |