

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00017103	2 Total pages filed: 11
3 COMMITTEE NAME Cooke County Republican Women PAC		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/02/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St. Suite 304 Gainesville, TX 76240		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Pauline L.	
		NICKNAME	LAST SUFFIX
			Lesch
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 E. California St., #304 Gainesville, TX 76240		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(214) 212-9417	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	10/27/2024		12/31/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Cooke County Republican Women PAC	13 Filer ID (Ethics Commission Filers) 00017103
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 713.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 841.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,740.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Pauline L. Lesch

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

17 COMMITTEE NAME Cooke County Republican Women PAC		18 Filer ID (Ethics Commission Filers) 00017103
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 713.50
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	\$ 365.24
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 476.65
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	\$ 500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUTLER, SHIRLEY A	7 Amount of Contribution (\$) \$35.00
6 Contributor address; City; State; Zip Code Lake Kiowa, TX 76240		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) n/a
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Bailey	Amount of Contribution (\$) \$36.75
Contributor address; City; State; Zip Code Gainesville, TX 76240		
Principal occupation / Job title (See Instructions) Deputy Clerk		Employer (See Instructions) Cooke County
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Case, Holley	Amount of Contribution (\$) \$36.75
Contributor address; City; State; Zip Code Gainesville, TX 76240		
Principal occupation / Job title (See Instructions) Deputy Clerk		Employer (See Instructions) Cooke County
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALLMARK, CATHY	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code GAINESVILLE, TX 76240		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HELMS, DIANNE	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, JANETTE <hr/> 6 Contributor address; City; State; Zip Code MUNSTER, TX 76252	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) n/a
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HESS, SARAH (Ms.) <hr/> Contributor address; City; State; Zip Code MUNSTER, TX 76252	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Private Investigator		Employer (See Instructions) Padic Inc
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAHL, NENIA <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESCH, PAULINE <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESCH, PAULINE <hr/> Contributor address; City; State; Zip Code VALLEY VIEW, TX 76272	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCGREW, LYNNE G <hr/> 6 Contributor address; City; State; Zip Code MUNSTER, TX 76252	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) Self-Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCHORSE, ELAINE <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) n/a
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METZLER, KARLA <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) BUSINESS OWNER		Employer (See Instructions) SELF
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEHIB, JUDY (Ms.) <hr/> Contributor address; City; State; Zip Code LAKE KIOWA, TX 76240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions) n/a
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SALSMAN, ROSINA (Mrs.) <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VICTIM SERVICES		Employer (See Instructions) Abigails Arms Cooke Co Family Crisis Ctr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 12/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHAUB, SUSAN (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code GAINESVILLE, TX 76240	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) n/a
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, ALANNA <hr/> Contributor address; City; State; Zip Code GAINESVILLE, TX 76241	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) OFFICE ADMIN		Employer (See Instructions) EDWARDJONES

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.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 8/11	2 FILER NAME Cooke County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00017103
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4 Date 10/27/2024	5 Payee name AMAZON
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6 Amount (\$) \$46.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 410 TERRY AVE N P O Box 81226 SEATTLE, WA 98108-1226
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ABBA Shower: Decorations; ck issued to Andrea Townsend to reimburse for payment on behalf of
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/24/2024	Payee name BLOCK INC
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Amount (\$) \$2.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1455 MARKET ST. SUITE 600 SAN FRANCISCO, CA 94103
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for accepting donations from personal credit cards using SQUARE app
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name FIRST STATE BANK
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Amount (\$) \$26.35 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 10 GAINESVILLE, TX 76241
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Balance on Credit Card account for President's Pin
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 9/11	2 FILER NAME Cooke County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00017103
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4 Date 11/12/2024	5 Payee name Fifty Third Street Books
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6 Amount (\$) \$169.51 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4400 NE 77th Ave #275 Vancouver, WA 98662-6857
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Literacy Program	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Books for county & ISD libraries; ck to Pauline Lesch to reimburse for paying on behalf of filer
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/14/2024	Payee name Tom Thumb
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Amount (\$) \$119.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 206 N. Grand Ave. Gainesville , TX 76240
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ABBA Shower Cupcakes; Flowers; ck to Andrea Townsend to reimburse for paying on behalf of filer
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F4: Sch: 1/1 Rpt: 10/11	2	FILER NAME Cooke County Republican Women PAC	3	Filer ID (Ethics Commission Filers) 00017103
4	CREDIT CARD ISSUER	Name of financial institution First State Bank		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$26.35	(b) Date of Charge 11/04/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
8	PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description President's Pin for 2025 Club President	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$20.20	(b) Date of Charge 12/31/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Annual Service Charge	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
PAYMENT	<input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$430.10	(b) Date of Charge 12/31/2024	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name TFRW		(b) Payee address; City, State, Zip Code PO BOX 171146 AUSTIN, TX 78718	
PURPOSE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description 2025 Membership Dues for 17 members	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
	Complete ONLY 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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 11/11
2 FILER NAME Cooke County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017103
4 Date 12/25/2024	5 Name of person from whom amount is received Kay Smith Campaign	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Cypress, TX 77410	
	7 Purpose for which amount is received Lost ck; never cleared; no reply fr candidate; no repl ck issued	<input checked="" type="checkbox"/> Check if political contribution returned to filer