

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

|  |  |  |  |
|--|--|--|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00015848                           | <b>2</b> Total pages filed:<br>6                       | <b>OFFICE USE ONLY</b>   |  |
| <b>3</b> COMMITTEE NAME<br>West El Paso Republican Women's Club Campaign Committee | Date Received<br>ELECTRONICALLY FILED<br>01/06/2025    |  | Date Hand-delivered or Date Postmarked |
| <b>4</b> TREASURER NAME<br>Navarro, Fabiola P. (Ms.)                               | Receipt #  |  | Amount                                 |
| <b>5</b> ORIGINAL REPORT TYPE  | <input checked="" type="checkbox"/> January 15         | <input type="checkbox"/> Runoff  | Date Processed                         |
|  | <input type="checkbox"/> July 15                       | <input type="checkbox"/> 10th day after campaign treasurer resignation | Date Imaged                            |
| <input type="checkbox"/> 30th day before election                                  | <input checked="" type="checkbox"/> Dissolution report |  |  |
| <input type="checkbox"/> 8th day before election                                   | <input type="checkbox"/> Other (specify) _____         |  |  |
| <b>6</b> ORIGINAL PERIOD COVERED   | Month Day Year<br>10/27/2024                           | THROUGH  | Month Day Year<br>12/31/2024           |

**7 EXPLANATION OF CORRECTION**  
Dissolving the PAC

**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. Fabiola P. Navarro  
\_\_\_\_\_  
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</b> Filer ID<br>(Ethics Commission Filers)<br>00015848 | <b>2</b> Total pages filed:<br>6                                       |
| <b>3</b> COMMITTEE NAME<br>West El Paso Republican Women's Club Campaign Committee            |  | <b>OFFICE USE ONLY</b>                                      |  |
|   |  | Date Received<br>ELECTRONICALLY FILED<br>01/06/2025         |  |
|   |  | Date Hand-delivered or Date Postmarked                      |  |
|   |  | Receipt #   | Amount   |
|   |  | Date Processed  |  |
|   |  | Date Imaged   |  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>6240 Dew Dr.<br><br>El Paso, TX 79912-3810 |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI   | Ms. Fabiola P.  |  |
|   | NICKNAME LAST SUFFIX   | Fabby Navarro   |  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                              |   |  |
|   | 6240 Dew Dr.<br><br>El Paso, TX 79912-3810   |   |  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |   |  |
|   | 6240 Dew Dr.<br><br>El Paso, TX 79912-3810   |   |  |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION  |
|   | (915)  | 820-0817  |  |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election           | <input checked="" 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                             |  |
|   |  |   |  |
| <b>10</b> PERIOD COVERED  | Month Day Year   | THROUGH   | Month Day Year   |
|   | 10/27/2024   |   | 12/31/2024   |
| <b>11</b> ELECTION  | ELECTION DATE  | ELECTION TYPE   |  |
|   | Month Day Year   | <input type="checkbox"/> Primary                            | <input type="checkbox"/> Runoff <input type="checkbox"/> Other         |
|   | 11/05/2024   | <input checked="" 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>West El Paso Republican Women's Club Campaign Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00015848 |
|---|---|

|   |  |              |
|---|--|--------------|
| <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> | \$ | 0.00     |
|                                | <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>  | \$ | 0.00     |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>  | \$ | 0.00     |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>   | \$ | 474.74   |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ | 1,959.72 |
| <b>OUTSTANDING LOAN TOTALS</b> | <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. Fabiola P. Navarro  
\_\_\_\_\_  
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>West El Paso Republican Women's Club Campaign Committee |  | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00015848 |
|---|--|---|
| <b>19 SCHEDULE SUBTOTALS</b>  |  | SUBTOTAL AMOUNT   |
| NAME OF SCHEDULE  |  |   |
| 1. <input type="checkbox"/>   | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  | \$  |
| 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                         | \$ 474.74   |
| 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 type="checkbox"/>  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER       | \$  |

# 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: 1/1 Rpt: 5/6 | <b>2</b> FILER NAME<br>West El Paso Republican Women's Club Campaign | <b>3</b> Filer ID (Ethics Commission Filers)<br>00015848 |
|--|--|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/07/2024 | <b>5</b> Payee name<br>Barren, Barbara (Mrs.) |
|-----------------------------|---|

|   |  |
|---|--|
| <b>6</b> Amount (\$)<br>\$155.70<br><br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee address; City; State; Zip Code<br>6816 Echo Cliffs Dr.<br><br>El Paso, TX 79912 |
|---|--|

|                                 |  |  |
|---------------------------------|--|--|
| <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>Club reimbursed Mrs. Barren for the food and beverages she purchased for our Christmas party |
|---------------------------------|--|--|

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

|                    |                             |
|--------------------|-----------------------------|
| Date<br>10/28/2024 | Payee name<br>Golden Corral |
|--------------------|-----------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$319.04<br><br><input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code<br>7420 Mesa St.<br><br>El Paso, TX 79912 |
|--|--|

|                               |  |   |
|-------------------------------|--|---|
| <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>Monthly General Meeting for members with guest speaker. |
|-------------------------------|--|---|

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

|  |
|--|
|  |
|--|

**POLITICAL COMMITTEE  
AFFIDAVIT OF DISSOLUTION**

**FORM PAC-DR**

6 of 6

The Instruction Guide explains how to complete this form. **\*\*Complete only if "Report Type" on page 1 is marked "Dissolution" \*\***

|   |   |
|---|---|
| 1 COMMITTEE NAME<br>West El Paso Republican Women's Club Campaign Committee | 2 Filer ID (Ethics Commission Filers)<br>00015848 |
|---|---|

**3 Affidavit of Dissolution**

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

Ms. Fabiola P. Navarro  
\_\_\_\_\_  
Signature of Campaign Treasurer

**DO NOT SIGN UNLESS POLITICAL COMMITTEE IS TO BE DISSOLVED**

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