CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00081824 17 Date Received COMMITTEE Cameron County Republican Women **ELECTRONICALLY FILED** NAME 01/14/2025 TREASURER Viader, Renae NAME Date Hand-delivered or Date Postmarked **ORIGINAL** X January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 07/01/2024 12/31/2024 **EXPLANATION OF CORRECTION** The information on unitemized political contributions was changed in accordance with TEC guidelines. Additional expenditures and contributions were noted according to TEC guidelines. 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. Renae Viader Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ___ _____, 20_____, to certify which, witness my hand and seal of office.

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

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081824 3 COMMITTEE NAME **OFFICE USE ONLY** Cameron County Republican Women Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 109 Red Crown Rd Date Hand-delivered or Date Postmarked Change of Address Bayview, TX 78566 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Renae NAME NICKNAME LAST **SUFFIX** Viader STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5642 Sam Snead Dr. STREET **ADDRESS** (Residence or Business) Harlingen, TX 78552 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5642 Sam Snead Dr. MAILING **ADDRESS** Harlingen, TX 78552 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 893-3224 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/07/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Cameron County Re	epublican Women		00081824	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N X check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	3,076.28
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,021.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	8,945.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Renae	Viader	
		Signature of Car	npaign Treasur	er
AFFIX NOTA	ARY STAMP / SEAL ABOVE			
Sworn to and subscri	bed before me, by the said _	, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of office	r administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					4 of 17				
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)				
Ca	meron	County Republican Women	00081824	`	,				
19 SCHEDULE SUBTOTALS									
l		SCHEDULE		SUBTOTAL A	MOUNT				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	5,021.28				
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$					
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$					
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$					
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$					
8.		ORGANIZATION	\$						
9.			\$						
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	8,945.68				
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
14.	Х	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	4,123.76				
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 5/17	
2	FILER NAME Cameron Co	ounty Republican Women		3	Filer ID (Ethics Commission 00081824	n Filers)
4			7	Amount of Contribution (\$)	\$40.00	
_		Laguna Vista, TX 78578	I			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Retired)		
	Date Full name of contributor out-of-state PAC (ID#:) 08/27/2024 Cashapp Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$275.00
	Principal occu	San Francisco, CA 94103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/24/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$210.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/04/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$55.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 6/17	
2	FILER NAME Cameron Co	ounty Republican Women		3	Filer ID (Ethics Commission 00081824	n Filers)
4	_		7	Amount of Contribution (\$)	\$124.00	
_	<u> </u>	San Francisco, CA 94103				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/13/2024 Cashapp Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$45.00
	Principal occu	San Francisco, CA 94103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date	Full name of contributor out-of-state PAC (ID#:_			Amount of Contribution (\$)	
	09/16/2024	Cashapp Contributor address; City; State; Zip Code				\$236.00
	Principal occu	San Francisco, CA 94103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/17/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	San Francisco, CA 94103 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/20/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 7/17	
2	FILER NAME Cameron Co	unty Republican Women		3	Filer ID (Ethics Commission 00081824	n Filers)
4	Date 09/23/2024	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7	Amount of Contribution (\$)	\$30.00
_	Deireitade	San Francisco, CA 94103) Familia de Constitución de			
8	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/24/2024 Cashapp Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$180.00
	Dringing aggr	San Francisco, CA 94103	Employer (Coo Instructions	_		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#: Cashapp Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$75.00
		San Francisco, CA 94103				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 10/04/2024	Full name of contributor out-of-state PAC (ID#:Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103)		Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 10/09/2024	Full name of contributor out-of-state PAC (ID#:Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$125.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 8/17		
2	FILER NAME Cameron Co	ounty Republican Women		3	Filer ID (Ethics Commission 00081824	n Filers)	
4	<u> </u>		7	Amount of Contribution (\$)	\$117.00		
_		San Francisco, CA 94103					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date Full name of contributor out-of-state PAC (ID#:) 10/18/2024 Cashapp Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$60.00	
	Principal occu	San Francisco, CA 94103 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/21/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103)		Amount of Contribution (\$)	\$20.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 10/25/2024	Full name of contributor out-of-state PAC (ID#:_ Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103			Amount of Contribution (\$)	\$128.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Robinson, Amy (Mrs.) Contributor address; City; State; Zip Code South Padre Island, TX 78597			Amount of Contribution (\$)	\$40.00	
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)			

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 5/5 Rpt: 9/17	
2	FILER NAME Cameron Co	ounty Republican Women		3	Filer ID (Ethics Commission 00081824	n Filers)
4	Date 07/10/2024 5 Full name of contributor out-of-state PAC (ID#:) Rodriguez, Cynthia (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$40.00	
	Dringing agg	Santa Rosa, TX 78593	O Employer (Coo Instructional			
8	Retired	pation / Job title (See Instructions)	9 Employer (See Instructions Medical Assistant	is)		
	Date 07/10/2024	Full name of contributor out-of-state PAC (ID#:_ Swindle, Jeannie Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Harlingen, TX 78550				
	Principal occu self	ipation / Job title (See Instructions)	Employer (See Instructions self	ıs)		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 10/17	Cameron County Republican Women 00081824
4 Date	5 Payee name
09/17/2024	Backyard BBQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$730.00	3134 Wilson Rd
Expenditure from corporate funds	Harlingen, TX 78552
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense
	HQ Grand Opening
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/02/2024	Cameron County Republican Party
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	5920 Forest Blvd
Evpanditura from	
Expenditure from corporate funds	Brownsville, TX 78526
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Check #1011 Lincoln Reagan dinner 2 tables
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/16/2024	Lara, Lora (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	22858 Burns Road
Expenditure from corporate funds	Harlingen, TX 78552
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense table and chair rentals
	table and chall feritals
Complete ONLY if direct	Candidate/Officeholder name Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains		xpens Vages	se s/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAM	E				3	Filer ID (Ethics Commi	ssion Filers)
	Sch: 2/4 Rpt: 11/17	Cameron (County Republican Women					00081824	
4	Date	5 Payee name	e						
(08/24/2024	MP Marke							
6	Amount (\$)	7 Payee addr	ess; City; State	; Zip Co	ode				
	\$338.56	1018 E Jet	fferson Ave						
	Expenditure from corporate funds	Harlingen,	TX 78550						
8	PURPOSE	(a) Category (See Categories listed at the top of this so	hedule)	(b)	Description			
	OF EXPENDITURE	Event Exp	ense			=		de of Texas. Complete Schedule T.	
						event expens		officeholder living expense	
						Cront expens			
9 (Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	<u>l</u> ught			Office held	
	expenditure to benefit C/O				J				
	Date	Payee name	e						
:	10/07/2024	Prime Ave	nue						
,	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode				
	\$1,500.00	2010 E Ha	rrison Ave						
	Evnenditure from								
Ш	Expenditure from corporate funds	Harlingen,	TX 78550						
	PURPOSE	(a) Category (See Categories listed at the top of this sci	hedule)	(b)	Description			
	OF EXPENDITURE		rhead/Rental Expense			_		de of Texas. Complete Schedule T.	
						Check if Austin, Real estate	, 1X,	officeholder living expense	
						י וכמו כאמוכ			
<u> </u>	Complete <u>ONLY</u> if direct	LCandidate/Of	ficeholder name	Office sou	<u>I</u> ught			Office held	
'	expenditure to benefit C/OI	H							
	Date	Payee name	e						
	10/17/2024	Prime Ave	nue						
,	Amount (\$)	Payee addr	ess; City; State	; Zip Co	ode				
	\$500.00	2010 E Ha	rrison Ave						
	Expenditure from corporate funds	Harlingen,	TX 78550						
	PURPOSE		See Categories listed at the top of this sc	hedule)	(b)	Description			
	OF		rhead/Rental Expense	ouuloj	Ĭ <i>´</i>		outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE		•			_	TX,	officeholder living expense	
						real estate			
	Operation ONE VALVE	0	Ti - la alalan a ann	O#:-				Office health	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name	Office sou	ıght			Office held	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Salaries/\	xpens Vages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed abo	ve)
_	Tatal a succession Calculated 51	6 EU ED MAN	<u> </u>	nams now to co	ilibid	ete triis ioriii.	1_	Ell ID	(Ethios Commissioni	Fil
1	Total pages Schedule F1: Sch: 3/4 Rpt: 12/17		⊏ County Republican Wor	man			3	Filer ID 00081824	(Ethics Commission	on Filers)
_	•		<u> </u>	11011				00001024		
4	Date	5 Payee nam								
	08/30/2024	Prime Ave	nue 							
6	Amount (\$)	7 Payee addr	•	State; Zip Co	ode					
	\$1,500.00	2010 E Ha	rrison Ave							
	Expenditure from corporate funds	Harlingen,	TX 78550							
8	PURPOSE OF		See Categories listed at the top of	his schedule)	(b)	Description	oto	ide of Toyloo Com	nlata Cabadula T	
	EXPENDITURE	Office Ove	rhead/Rental Expense					, officeholder living	plete Schedule T. g expense	
						Check #1007				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sou	ıght			Office he	eld	
	Date	Payee nam								
	09/24/2024	Republica	n Party of Texas							
	Amount (\$)	Payee addr	ess; City;	State; Zip Co	ode					
	\$1,000.00	211 E 7th	St							
	Expenditure from corporate funds	Austin, TX	78512							
	PURPOSE OF		See Categories listed at the top of	his schedule)	(b)	Description				
	EXPENDITURE	Advertisin	g Expense			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						Billboard	, .,,	, conconcider inving	, expense	
	Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	l laht			Office he	eld	
	expenditure to benefit C/O		noonoloo name	000 000	.9			000		
	Data	D								
	Date 09/13/2024	Payee nam								
			Mrs. Minerva (Mrs.)							
	Amount (\$)	Payee addr		State; Zip Co	ode					
	\$110.27	15701 Per	kin Rd							
	Expenditure from corporate funds	Harlingen,	TX 78552-1866							
	PURPOSE	(a) Category (See Categories listed at the top of	his schedule)	(b)	Description				
	OF EXPENDITURE	Event Exp	ense			ш			plete Schedule T.	
						HQ Banquet		, officeholder living	j expense	
						יול המוולחפו	٥٥	001		
	Complete ONLY if direct	Candidato/Ot	ficeholder name	Office sou	laht			Office he	ald	
	expenditure to benefit C/O		ncentiuei name	Office SOL	igill			Office ne	ziu	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
•	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/4 Rpt: 13/17	Cameron County Republican Women 00081824
4 Date	5 Payee name
08/24/2024	Simpson, Mrs. Minerva (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$35.00	15701 Perkin Rd
Expenditure from corporate funds	Harlingen, TX 78552-1866
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/20/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$151.85	PO Box 171146
\$101.80	PO BOX 1/1140
Expenditure from	
corporate funds	Austin, TX 78717-0041
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	balance returned
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	o

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt:	Cameron County Republican Women	00081824
4 Date	5 Payee name	
07/25/2024	Amazon	
6 Amount (\$)	7 Payee Address; City; State; Zip	
283.37	410 Terry Ave	
Expenditure from		
corporate funds	North Seattle, WA 98109	
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories)	i i
OF EXPENDITURE	Event Expense	items used for the HQ office
Date	Payee name	
08/26/2024	Amazon	
Amount (\$)	Payee Address; City; State; Zip	
` '	410 Terry Ave	
335.20 Expenditure from		
corporate funds	North Seattle, WA 98109	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	· / = 555 · p. 51
OF EXPENDITURE	Gift/Awards/Memorials Expense	Donations for HQ
Data	T. Davida nama	
Date 09/09/2024	Payee name Amazon	
Amount (\$)	Payee Address; City; State; Zip 410 Terry Ave	
443.66	410 Telly Ave	
Expenditure from corporate funds	North Seattle, WA 98109	
PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF EXPENDITURE	Gift/Awards/Memorials Expense	Donations for HQ
EXPENDITURE		
Date	Payee name	
08/23/2024	Amazon	
Amount (\$)	Payee Address; City; State; Zip	
324.60	410 Terry Ave	
Expenditure from	North Seattle, WA 98109	
corporate funds PURPOSE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
OF	Gift/Awards/Memorials Expense	Donations for HQ
EXPENDITURE	·	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

		The Instruction Guide explains how to complete this form.		
1	Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Cameron County Republican Women 3 Filer ID (Ethics Commission Filers) 00081824		
4	Date 08/19/2024	5 Payee name Aspen Design		
6	Amount (\$) 975.08	7 Payee Address; City; State; Zip P.O. Box 3037		
	Expenditure from corporate funds	Annapolis, MD 21403		
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) Items sold at HQ		
	Date 10/07/2024	Payee name Coronado, Carol (Mrs.)		
1	Amount (\$) 280.00 Expenditure from corporate funds	Payee Address; City; State; Zip 322 E Tyler Harlingen, TX 78550		
<u> </u>	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) HQ food Bev		
	Date	Payee name		
	09/11/2024 Amount (\$)	Lara, Lora (Mrs.) Payee Address; City; State; Zip		
	80.00	22858 Burns Road		
	Expenditure from corporate funds	Harlingen, TX 78552		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense (b) Description (See instructions regarding type of information required.) HQ Grand Opening tables and chairs		
	Date	Payee name		
	11/01/2024	Sahadi Kitchen		
	Amount (\$) 885.33	Payee Address; City; State; Zip 1126 W Pecan Blvd		
	Expenditure from corporate funds	McAllen, TX 78505		
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) HQ election celebration		
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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 3/4 Rpt:	Cameron County Republican Women	00081824				
4 Date	5 Payee name					
10/28/2024	Sahadi Kitchen					
6 Amount (\$) 7 Payee Address; City; State; Zip						
362.25	362.25 1126 W Pecan Blvd					
Expenditure from corporate funds	McAllen, TX 78505					
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
OF EXPENDITURE	Food/Beverage Expense HQ election	n celebration				
EXPENDITORE						
Date	Payee name					
08/31/2024	Security Service Federal Credit Union					
Amount (\$)	Payee Address; City; State; Zip					
4.00	1410 N Ed Carey Drive					
Expenditure from						
corporate funds	Harlingen, TX 78550					
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
OF EXPENDITURE	Accounting/Banking serv charg	e				
Dete	Para and a					
Date	Payee name					
09/30/2024	Security Service Federal Credit Union					
Amount (\$)	Payee Address; City; State; Zip					
32.00 1410 N Ed Carey Drive						
Expenditure from	Harlingon TV 70550					
corporate funds	Harlingen, TX 78550					
PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
EXPENDITURE	Accounting/Banking Serv Char	ge				
Dete	Para area					
Date	Payee name					
10/31/2024	Security Service Federal Credit Union					
Amount (\$)	Payee Address; City; State; Zip					
8.00	1410 N Ed Carey Drive					
Expenditure from corporate funds	Harlingen, TX 78550					
PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b) Description	(See instructions regarding type of information required.)				
OF	Accounting/Banking serv chrg	(See manucions regulating type of missimation required.)				
EXPENDITURE	Solv Gring					
	<u>l</u>					

	AL EXPENDITURES POLITICAL CONTRIBUTIONS	SCHEDULE I			
The Instruction Guide explains how to complete this form.					
Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Cameron County Republican Women	3 Filer ID (Ethics Commission Filers) 00081824			
4 Date 09/16/2024	5 Payee name Simpson, Mrs. Minerva (Mrs.)				
6 Amount (\$) 110.27 Expenditure from corporate funds	7 Payee Address; City; State; Zip 15701 Perkin Rd Harlingen, TX 78552-1866				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Food/Beverage Expense (b) Description (See instructions regarding type of information required.) HQ Grand Opening				