

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

| | | | |
|--|---|--|---|
| 1 Filer ID (Ethics Commission Filers) 00081824 | 2 Total pages filed: 17 | OFFICE USE ONLY | |
| 3 COMMITTEE NAME Cameron County Republican Women | | | Date Received ELECTRONICALLY FILED 01/14/2025 |
| 4 TREASURER NAME Viader, Renae | | | Date Hand-delivered or Date Postmarked |
| 5 ORIGINAL REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | Receipt # |
| | <input 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 |
| 6 ORIGINAL PERIOD COVERED | Month Day Year | THROUGH | Month Day Year |
| | 07/01/2024 | | 12/31/2024 |
| 7 EXPLANATION OF CORRECTION | | | |

7 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 _____ 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

| | | | |
|---|---|---|--|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00081824 | 2 Total pages filed: 17 |
| 3 COMMITTEE NAME Cameron County Republican Women | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/14/2025 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 109 Red Crown Rd Bayview, TX 78566 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | | Renaë | |
| | NICKNAME | LAST | SUFFIX |
| | | Viader | |
| 6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | 5642 Sam Snead Dr. Harlingen, TX 78552 | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | |
| | 5642 Sam Snead Dr. Harlingen, TX 78552 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (956) | 893-3224 | |
| 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 |
| | 07/01/2024 | | 12/31/2024 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month Day Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff <input type="checkbox"/> Other |
| | 11/07/2024 | <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

| | |
|---|---|
| 12 COMMITTEE NAME Cameron County Republican Women | 13 Filer ID (Ethics Commission Filers) 00081824 |
|---|---|

| | | |
|---|--|--------------|
| 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) | \$ 3,076.28 |
| | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5,021.28 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,945.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| 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.

Renae Viader

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 Cameron County Republican Women | | 18 Filer ID (Ethics Commission Filers) 00081824 |
| 19 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| | NAME OF SCHEDULE | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 5,021.28 |
| 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 | \$ 8,945.68 |
| 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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 4,123.76 |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 5/17 |
| 2 FILER NAME Cameron County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 07/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchen, Tommie (Mrs.) | 7 Amount of Contribution (\$) \$40.00 |
| | 6 Contributor address; City; State; Zip Code Laguna Vista, TX 78578 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 08/27/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$275.00 |
| | Contributor address; City; State; Zip Code San Francisco, CA 94103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$210.00 |
| | Contributor address; City; State; Zip Code San Francisco, CA 94103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$55.00 |
| | Contributor address; City; State; Zip Code San Francisco, CA 94103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$30.00 |
| | Contributor address; City; State; Zip Code San Francisco, CA 94103 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 6/17 |
| 2 FILER NAME Cameron County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 09/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94103 | 7 Amount of Contribution (\$) \$124.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/13/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$45.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/16/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$236.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 7/17 |
| 2 FILER NAME Cameron County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 09/23/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp 6 Contributor address; City; State; Zip Code San Francisco, CA 94103 | 7 Amount of Contribution (\$) \$30.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/24/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$180.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/01/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$75.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/04/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$15.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/09/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp Contributor address; City; State; Zip Code San Francisco, CA 94103 | Amount of Contribution (\$) \$125.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 8/17 |
| 2 FILER NAME Cameron County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 10/16/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | 7 Amount of Contribution (\$) \$117.00 |
| 6 Contributor address; City; State; Zip Code San Francisco, CA 94103 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/18/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$60.00 |
| Contributor address; City; State; Zip Code San Francisco, CA 94103 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$20.00 |
| Contributor address; City; State; Zip Code San Francisco, CA 94103 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cashapp | Amount of Contribution (\$) \$128.00 |
| Contributor address; City; State; Zip Code San Francisco, CA 94103 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 07/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Amy (Mrs.) | Amount of Contribution (\$) \$40.00 |
| Contributor address; City; State; Zip Code South Padre Island, TX 78597 | | |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 9/17 |
| 2 FILER NAME Cameron County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 07/10/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Cynthia (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, TX 78593 | 7 Amount of Contribution (\$) \$40.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Medical Assistant |
| Date 07/10/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swindle, Jeannie <hr/> Contributor address; City; State; Zip Code Harlingen, TX 78550 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) self | | Employer (See Instructions) self |

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: 1/4 Rpt: 10/17 | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 09/17/2024 | 5 Payee name Backyard BBQ | |
| 6 Amount (\$) \$730.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 3134 Wilson Rd Harlingen, TX 78552 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 HQ Grand Opening |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/02/2024 | Payee name Cameron County Republican Party | |
| Amount (\$) \$3,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 5920 Forest Blvd Brownsville, TX 78526 | |
| 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 Check #1011 Lincoln Reagan dinner 2 tables |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/16/2024 | Payee name Lara, Lora (Mrs.) | |
| Amount (\$) \$80.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 22858 Burns Road Harlingen, TX 78552 | |
| 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 table and chair rentals |
| 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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 11/17 | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 08/24/2024 | 5 Payee name MP Marketing | |
| 6 Amount (\$) \$338.56 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 1018 E Jefferson Ave Harlingen, TX 78550 | |
| 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 event expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/07/2024 | Payee name Prime Avenue | |
| Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2010 E Harrison Ave Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Real estate |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/17/2024 | Payee name Prime Avenue | |
| Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2010 E Harrison Ave Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 real estate |
| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 12/17 | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 08/30/2024 | 5 Payee name Prime Avenue | |
| 6 Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2010 E Harrison Ave Harlingen, TX 78550 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Check #1007 |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/24/2024 | Payee name Republican Party of Texas | |
| Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 211 E 7th St Austin, TX 78512 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising 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 Billboard |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/13/2024 | Payee name Simpson, Mrs. Minerva (Mrs.) | |
| Amount (\$) \$110.27 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 15701 Perkin Rd Harlingen, TX 78552-1866 | |
| 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 HQ Banquet Decor |
| 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 4/4 Rpt: 13/17 | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
|--|--|--|

| | |
|-----------------------------|---|
| 4 Date 08/24/2024 | 5 Payee name Simpson, Mrs. Minerva (Mrs.) |
|-----------------------------|---|

| | |
|--|--|
| 6 Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 15701 Perkin Rd Harlingen, TX 78552-1866 |
|--|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 expense |
|---------------------------------|--|---|

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

| | |
|--------------------|--------------------|
| Date 12/20/2024 | Payee name TFRW |
|--------------------|--------------------|

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| Amount (\$) \$151.85 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code PO Box 171146 Austin, TX 78717-0041 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (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 returned |
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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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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| 1 Total pages Schedule I: Sch: 1/4 Rpt: | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 07/25/2024 | 5 Payee name Amazon | |
| 6 Amount (\$) 283.37 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Event Expense | (b) Description (See instructions regarding type of information required.) items used for the HQ office |
| Date 08/26/2024 | Payee name Amazon | |
| Amount (\$) 335.20 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense | (b) Description (See instructions regarding type of information required.) Donations for HQ |
| Date 09/09/2024 | Payee name Amazon | |
| Amount (\$) 443.66 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense | (b) Description (See instructions regarding type of information required.) Donations for HQ |
| Date 08/23/2024 | Payee name Amazon | |
| Amount (\$) 324.60 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 410 Terry Ave North Seattle, WA 98109 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense | (b) Description (See instructions regarding type of information required.) Donations for HQ |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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|---|---|---|
| 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 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip P.O. Box 3037 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.) | |
| Amount (\$) 280.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 322 E Tyler Harlingen, TX 78550 | |
| 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 09/11/2024 | Payee name Lara, Lora (Mrs.) | |
| Amount (\$) 80.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 22858 Burns Road 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 11/01/2024 | Payee name Sahadi Kitchen | |
| Amount (\$) 885.33 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1126 W Pecan Blvd 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 |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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| 1 Total pages Schedule I: Sch: 3/4 Rpt: | 2 FILER NAME Cameron County Republican Women | 3 Filer ID (Ethics Commission Filers) 00081824 |
| 4 Date 10/28/2024 | 5 Payee name Sahadi Kitchen | |
| 6 Amount (\$) 362.25 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee Address; City; State; Zip 1126 W Pecan Blvd 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 |
| Date 08/31/2024 | Payee name Security Service Federal Credit Union | |
| Amount (\$) 4.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1410 N Ed Carey Drive Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) serv charge |
| Date 09/30/2024 | Payee name Security Service Federal Credit Union | |
| Amount (\$) 32.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1410 N Ed Carey Drive Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Serv Charge |
| Date 10/31/2024 | Payee name Security Service Federal Credit Union | |
| Amount (\$) 8.00 <input type="checkbox"/> Expenditure from corporate funds | Payee Address; City; State; Zip 1410 N Ed Carey Drive Harlingen, TX 78550 | |
| PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories) Accounting/Banking | (b) Description (See instructions regarding type of information required.) serv chrg |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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| 1 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 <input type="checkbox"/> 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 |