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) 00083729 3 COMMITTEE NAME **OFFICE USE ONLY** Camino Real Republican Women Date Received **ELECTRONICALLY FILED** 01/11/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 9 Inwood Crown Date Hand-delivered or Date Postmarked Change of Address San Antonio, TX 78248 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Linda L. NAME NICKNAME LAST **SUFFIX** Bulger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 18856 Agin Court STREET **ADDRESS** (Residence or Business) San Antonio, TX 78258 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 18856 Agin Court MAILING **ADDRESS** San Antonio, TX 78258 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 912-4598 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 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Camino Real Repub	lican Women		00083729)
4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
E CONTRIBUTION	1	DOLITICAL CONTRIBUTIONS (OTHER THAN		
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,078.00
	2. TOTAL POLITICA		\$	4.040.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)		4,310.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	540.71
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,050.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAS G PERIOD	ST DAY \$	9,472.66
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS O REPORTING PERIOD	F THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of true and correct and includes all in under Title 15, Election Code.		
			nda L. Bulger Campaign Treas	uror
		Signature of C	zampaiyii iteasi	uici
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _		, this the	day
		which, witness my hand and seal of office.		
Cignotino - f - ff:	administaries esti-	Drinted name of officer administrative and	T(4) = - 4 + 60	ions administrative seeth
Signature of officer	administering oath	Printed name of officer administering oath	ittle of offi	icer administering oath

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

					3 of 11
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	Filers)
Cai	mino R	eal Republican Women	00083729	•	ŕ
		SUBTOTALS		1	
l		SCHEDULE		SUBTOTAL AM	OUNT
	VIL 01 .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,828.00
				Ť	,
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		 \$	2,482.00
۷.	\Box	SCHEDGE AZ. NON MONETARY (IN KIND) FOR TICAL CONTRIBOTIONS) D	2,402.00
_					
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	ıD.		
4.		ORGANIZATION		\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		E BON SNOWING MON			
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR		6	
'.	Ш	ORGANIZATION		\$	
8.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	3	\$	3,050.12
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
				*	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	 \$	
12.	Ш	SCHEDULE 13. 1 GROTIASE OF INVESTMENTS FROM FOLITICAL CONTRIBUTA	5145) D	
13.	Ш	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	
-				<u> </u>	
i					
l					

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	.E А1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/11	
2	2 FILER NAME Camino Real Republican Women			3	Filer ID (Ethics Commission 00083729	n Filers)
4			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	San Antonio, TX 78216-6767 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Retired	,	, , , (,		
	Date 09/03/2024	Full name of contributor out-of-state PAC (ID#:_ Ross, Terry (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$450.00
		Georgetown, TX 78633				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 07/02/2024	Full name of contributor out-of-state PAC (ID#:_ Ross, Terry (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$200.00
	Principal occu	Georgetown, TX 78633 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
	redired					

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/5 Rpt: 5/11		
FILER NAME Camino Real Republican Women			3 Filer ID (Ethico 00083729	s Commission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date 12/20/2024	- out or outer 1710 (1571)		contribution (\$) \$150.00	Border Care Project: personal healthcare items, snacks	
10 Principal occi	Canyon Lake, TX 78133 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (ID#:) 10/09/2024 Cooke County Republican Women Contributor address; City; State; Zip Code			In-kind contribution description Border Care Project: personal healthcare items, snacks		
Gainesvile, TX 76240		Check if travel of	l butside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)					
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date 12/16/2024 Full name of contributor out-of-state PAC (ID#: Georgetown Area Republican Women Contributor address; City; State; Zip Code			Amount of contribution (\$) \$250.00	In-kind contribution description I Border Care Project: personal healthcare items, snacks	
Georgetown, TX 78633				l outside of Texas. Complete Schedule T.	
Principal occı	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/5 Rpt: 6/11		
2 FILER NAME	2 FILER NAME			s Commission Filers)	
Camino Rea	al Republican Women		00083729	,	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution	
12/15/2024	Hays Conty Republican Women	,	contribution (\$)		
	7 Contributor address; City; State; Zip Code			Border Care Project:	
	1. Continuator address, Only, State, Elp Code			personal health care items, snacks	
				I	
	Dripping Springs, TX 78620-9998		Check if travel of	l outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		nstructions)	
·	,	, , ,	,		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
				ŕ	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
20 ii continuator	is a sima, have mine or parenticly (in any) (it entropy is in all)				
				I	
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description	
12/16/2024	Kendall County Republican Women			Border Care Project:	
	Contributor address; City; State; Zip Code			personal healthcare items,	
				snacks	
				l I	
	Boerne, TX 78006		Check if travel of	outside of Texas. Complete Schedule T.	
Principal occı	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	,				
Data	Full manner of contributors		Amazunt of	In Irinal contribution	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description	
12/20/2024	Kinney County Republican Women			Border Care Project:	
	Contributor address; City; State; Zip Code		,	personal healthcare items,	
				snacks	
] 	
	Brackettville, TX 78832		Check if travel of	outside of Texas. Complete Schedule T.	
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See in	nstructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	, , , , , , , , , , , , ,				

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/5 Rpt: 7/11	
FILER NAME Camino Real Republican Women			3 Filer ID (Ethics Commission Filers) 00083729	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 12/20/2024	5 Date 12/20/2024 6 Full name of contributorout-of-state PAC (ID#:) Medina County Republican Women 7 Contributor address; City; State; Zip Code Devine, TX 78016		8 Amount of contribution (\$) In-kind contribution (\$) description \$150.00 Border Care Project: personal healthcare items snacks Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/16/2024 Contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code		Amount of contribution (\$) In-kind contribution description \$10.00 Border Care Project: Off insect Repel 3 pack		
	Helotes, TX 78023-5100		Check if travel outside of Texas. Complete Schedule T.	
Principal occu Retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/20/2024	Full name of contributor out-of-state PAC (ID#: Parrish, Deborah (Ms.) Contributor address; City; State; Zip Code San Antonio, TX 78216-6767		Amount of In-kind contribution contribution (\$) description \$22.00 Liquid IV	
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)	
Retired Contributor's principal occupation (FOR JUDICIAL) Cor		Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)	
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 4/5 Rpt: 8/11		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	al Republican Women		00083729	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
5 Date 10/10/2024	Suit of outside time (12 m)		contribution (\$) \$300.00	Border Care Project: personal healthcare items, snacks
10 Principal occi	San Antonio, TX 78270-0523 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON		outside of Texas. Complete Schedule T.
TO Fillicipal occi	apation / 30b title (1 OK NON-30b) CIAL) (666 management)	Linployer (i Oit NON	-30DICIAL) (ecc.	isa dodons)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL)	(See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:) 12/18/2024 Serpe-Ingold, Brooks Contributor address; City; State; Zip Code			In-kind contribution description Border Care Project: snacks, hand soap, surface wipes	
	San Antonio, TX 78218		Check if travel of	I butside of Texas. Complete Schedule T.
Grickii laavei data			nstructions)	
Retired, Arn	<u>′</u>	0 17 1 1 1 1 1 1 1 1	(505 TUDIOLAL)	(0
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date Full name of contributor out-of-state PAC (ID#:				In-kind contribution description Border Care Project: personal healthcare items, snacks
	Trinity, TX 75862		Check if travel of	l outside of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See ii	nstructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title	(FOR JUDICIAL)	(See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 5/5 Rpt: 9/11 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Camino Real Republican Women 00083729 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS **6** Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 10/15/2024 Wilson County Republican Women \$150.00 Border Care Project: 7 Contributor address; City; State; Zip Code personal healthcare items, snacks Floresville, TX 78114-3534 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ng Expense Event Expense Loan Repayment/Reimbu

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

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

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

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: 1/2 Rpt: 10/11	Camino Real Republican Women 00083729
4 Date	5 Payee name
12/16/2024	HEB #32
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$898.41	9238 N. Loop 1604 West
- "	
Expenditure from corporate funds	San Antonio, TX 78249
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Border Care Project, personal health care items
	Border Gare i roject, personal neatin care tiems
O Commission ONU VIII II	Condidate/Officeholder name
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	
Date	Payee name
08/01/2024	HEB #32
Amount (\$)	Payee address; City; State; Zip Code
\$399.85	9238 N. Loop 1604 West
Expenditure from corporate funds	San Antonio, TX 78249
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Border Care Project, personal health care items and
	snacks
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	o
Date	Payee name
12/01/2024	Liquid IV
	· ·
Amount (\$)	Payee address; City; State; Zip Code
\$178.24	127 Nevada St
Expenditure from	
corporate funds	El Segundo, CA 90245-4309
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
LAI LINDITORE	Check if Austin, TX, officeholder living expense
	Border Care Project, hydration product
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/01	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to cor	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 11/11	Camino Real Republican Women	00083729
4 Date	5 Payee name	'
08/18/2024	Liquid IV	
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de
\$367.91	127 Nevada St	
,,,,,		
Expenditure from	El Segundo, CA 90245-4309	
corporate funds	<u> </u>	a
8 PURPOSE OF	, , ,	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Gift/Awards/Memorials Expense	Check if Austin, TX, officeholder living expense
		Border Care Project, hydration product
9 Complete ONLY if direct	Candidate/Officeholder name Office sout	ght Office held
expenditure to benefit C/O	1	
Date	Payee name	
12/16/2024	Texas Federation of Republican Women	
	·	40
Amount (\$)	Payee address; City; State; Zip Coo	ue
\$570.00	13740 N. Highway 183, Ste J4	
Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership dues
		Wernbership dues
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/O	•	gnt Office field
Date	Payee name	
10/08/2024	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$95.00	13740 N. Highway 183, Ste J4	
Expenditure from		
corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Tribute to Women honoree
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou(ght Office held
experientale to beliefft C/O	•	
<u> </u>		