# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	Filer ID (Ethics Commission Filers) 00087236	2 Total pages filed: 10				
3	COMMITTEE NAME				OFFICE US	E ONLY		
	Abilene Republica	n Women's Club						
					Date Received			
					ELECTRONICALI	Y FILED		
					01/13/2025			
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	ITY;	STATE; ZIP CODE	]			
	ADDRESS	18 Bay Shore Court			Data Hand delivered at 2	to Doctmonicad		
	_				Date Hand-delivered or Da	le Postmarked		
	Change of Address	Abilene, TX 79602			Dessint //			
		Abliene, 1X 79602			Receipt #	Amount		
					Date Processed			
					Date Imaged			
5	CAMPAIGN	MS / MRS / MR FIRST			MI			
	TREASURER NAME	Diana E.						
		NICKNAME LAST			SUFFIX			
		Hartmann						
_								
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE	;	APT / SUITE #; CITY;	STATE	; ZIP CODE		
	STREET	18 Bay Shore Court						
	ADDRESS							
	(Residence or Business)	Abilene, TX 79602						
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CITY	r; stat	E; ZIP CODE		
	TREASURER MAILING	18 Bay Shore Court						
	ADDRESS							
	Change of Address	Abilene, TX 79602						
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER	(325) 518-1498						
	PHONE							
9	REPORT	X January 15	204		Dipochation (Attack			
	TYPE	X January 15	งบเท	day before election	Dissolution (Attach F	AU-UK)		
		_ П	8th d	lay before election	10th day after campa	lign treasurer		
		July 15	Runo	∖ff	termination			
			NUIIC					
10	PERIOD	Month Day Year		Month Day	Year			
	COVERED	-	THR	OUGH 12/31/202	24			
11	ELECTION	ELECTION DATE		ELECTION TYPE				
[		Month Day Year	Prin		X Other			
		11/05/2024	1					
			Ger	neral Special	Presidential 2	024		
		· · · · · · · · · · · · · · · · · · ·						
		GC	тс	PAGE 2				
For	rms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2							

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)				
Abilene Republican Wo	men's Club		00087236					
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican						
(Attach lists on plain paper to complete this report if necessary.)		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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00				
	\$	1,500.00						
EXPENDITURE TOTALS	\$	0.00						
	\$	0.00						
CONTRIBUTION BALANCE								
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00				
16 AFFIDAVIT		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.	rjury, that the ac nation required	ccompanying report is to be reported by me				
		Diana E.	Hartmann					
		Signature of Car	npaign Treasur	er				
AFFIX NOTARY	AFFIX NOTARY STAMP / SEAL ABOVE							
		, th	nis the	day				
UI	_, 20, to certify (	which, witness my hand and seal of office.						
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath				
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# FORM GPAC COVER SHEET PG 3 3 of 10

17 COMM	<i>I</i> ITTE	(Ethics Commission Filers)			
Abilen	ne Re	epublican Women's Club	00087236		
		ESUBTOTALS		SU	BTOTAL AMOUNT
NAME	OFS	SCHEDULE		501	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,500.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. 🔇	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	RGANIZATION	\$	
9. 📝	Х	SCHEDULE E: LOANS		\$	0.00
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	0.00
11. 🕽	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	4,574.95
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

**SUBTOTALS - GPAC** 

FILER NAME         Abilene Republican Women's Club	<ol> <li>Total pages Schedule A1: Sch: 1/1 Rpt: 4/10</li> <li>Filer ID (Ethics Commission Filers) 00087236</li> <li>Amount of Contribution (\$) \$1,500.00</li> </ol>
Abilene Republican Women's Club         Date       5 Full name of contributor       out-of-state PAC (ID#:)         11/21/2024       Arrington Campaign, Jodey (Mr.)	00087236 7 Amount of Contribution (\$)
11/21/2024 Arrington Campaign, Jodey (Mr.)	
Lubbock, TX 79401       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)	Λ
US Congressman Congressman Congressman	)

## **PLEDGED CONTRIBUTIONS** SCHEDULE **B** 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Abilene Republican Women's Club 00087236 4 \$ 0.00 TOTAL OF UNITEMIZED PLEDGES In-kind description 5 Date 6 Full name of pledgor out-of-state PAC (ID#: 8 Amount of 9 ) (If applicable) pledge (\$) ..... 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions)

LOANS		SCHEDUI	LE E				
The Instruction Guide explains how to complete this form.	The Instruction Guide explains how to complete this form.1Total pagSch: 1/1						
2 FILER NAME : Abilene Republican Women's Club	<ul><li>3 Filer ID</li><li>000872</li></ul>	D (Ethics Commission Filers) 7236					
<sup>4</sup> TOTAL OF UNITEMIZED LOANS		\$	0.00				
5 Date of loan 7 Name of lender Out-of-state PAC (ID#:	)	9 Loan Amount (\$)					
6     Is lender a financial institution?     8     Lender address;     City;     State;     Zip Code		10 Interest Rate					
		<b>11</b> Maturity Date					
12 Principal occupation / Job title (See Instructions)       13 Employer (See Instructions)	)						
14 Description of Collateral       15 Check if personal funds were         None	e deposited	l into political account (See Instructions)					
16 GUARANTOR     17 Name of guarantor       INFORMATION     17 Name of guarantor		19 Amount Guarante	ed (\$)				
not applicable <b>18</b> Guarantor address; City; State; Zip Code							
20 Principal occupation       21 Employer (See Instructions)	)	L					

	EXPENDITURE CATEGORIES FOR BOX 10(a)									
	Advertising Expense Accounting/Banking	Event Expe Fees	ense	Loan Repayment/Reimbursement Office Overhead/Rental Expense		olicitation/Fundraising Expense ransportation Equipment & Related Expense				
	Consulting Expense	Food/Beve	rage Expense	Polling Expense	Travel in District	ravel in District				
	Contributions/ Donations Made By Candidate/Officeholder/Politica		s/Memorials Expense ices	Printing Expense Salaries/Wages/Contract Labor	Travel Out of District OTHER (enter a categ	ory not listed at	oove)			
		The Inst	ruction Guide explains h	ow to complete this form.						
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Eth	nics Commiss	ion Filers)			
	Sch: 1/4 Rpt: 7/10	Abilene Republican	Women's Club		00087236	00087236				
4	CREDIT CARD	Name of final	ncial institution	5 TOTAL OF UNITEMIZE	D					
	ISSUER	First Financial Bar	nk of Abilene Texas	EXPENDITURES	\$	\$ 0.00				
		r inst r indiretal Ba	ik of Ablience Texus	CHARGED TO A CRED CARD	DIT					
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	Expenditure from	\$552.00	08/13/2024							
	corporate funds									
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				55740 Currant Road						
		National Constitutio	n.com							
				Mishawaka, IN 46545						
8	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	,	Giveaways for GOTV						
	Political Constitutions to give away									
	X Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense						
9	Complete ONLY if direct	ffice sought	Office held	Apende						
-	xpenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	Expenditure from	\$204.00	09/08/2024							
corporate funds		φ204.00	09/00/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
				34 Fairways Oak Blvd.						
		Knife & Whisk								
				Abilene, TX 79606						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	Catering						
	Political	Event Expense								
	X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule	T Check if Austin	TX, officeholder living e	xnense				
	Complete ONLY if direct	Candidate/Officeholder	•	ffice sought	Office held					
e	xpenditure to benefit C/OH			0						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	uer Paid					
	Expenditure from	\$293.87	08/09/2024							
	corporate funds	φ295.07	00/09/2024							
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code			
		(		170 Data Dr	,	,				
		Vista Print								
				Waltham, ME 02451						
	PURPOSE OF	(a) Category		(b) Description						
	EXPENDITURE	(See Categories listed at the top	of this schedule)	printing program sticker	S					
	Political	Event Expense								
	X Non-Political		of Texas. Complete Schedule		TV officebolder living of	vpopso				
-	Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	•	ffice sought	TX, officeholder living e	xpense				
6	complete <u>OINLY</u> If direct xpenditure to benefit C/OH	Sandidate/Onicendider	name U	nice sought						
6										

### Forms provided by Texas Ethics Commission

# SCHEDULE F4

Advertising Expense       Event Expense         Accounting/Banking       Fees         Consulting Expense       Food/Beverage Expense         Contributions/ Donations Made By -       Glif/Awards/Memorials Expense         Candidate/Officeholder/Political Committee       Legal Services			IES FOR BOX 10(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor District Salaries/Wages/Contract Labor					
	The Inst	ruction Guide explains ho	how to complete this form.					
<b>1</b> Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commiss	ion Filers)	
Sch: 2/4 Rpt: 8/10	Abilene Republicar	n Women's Club			00087236			
4 CREDIT CARD ISSUER		Name of financial institution see previous		OF UNITEMIZED DITURES ED TO A CREDIT	\$	0.0	0	
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
Expenditure from corporate funds	\$281.00	09/12/2024						
7 PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	Office Depot		Buffalo G	ap Rd				
			Abilene, <sup>-</sup>	TX 79605				
8 PURPOSE OF	(a) Category		(b) Descrip	otion				
EXPENDITURE	EXPENDITURE     (See Categories listed at the top of this schedule)       Political     Event Expense			Copies for Prepping Booklets				
X Non-Political (c) Check if travel outside of Texas. Complete Schedule				Check if Austin, TX	, officeholder living ex	pense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholde	r name Off	ice sought		Office held			
PAYMENT (a) Amount Charged (b) Date of Char		(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
Expenditure from corporate funds	\$206.12	10/22/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
	HEB		1345 Barrow St					
			Abilene, <sup>-</sup>	TX 79605				
PURPOSE OF	(a) Category		(b) Descrip	otion				
EXPENDITURE	(See Categories listed at the top Food/Beverage Expe		Food Exp	ense Prep Sem	inar			
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T		Check if Austin, TX	, officeholder living ex	pense		
Complete ONLY if direct	Candidate/Officeholder	r name Off	ice sought		Office held			
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	er Paid			
Expenditure from corporate funds	\$250.00	10/08/2024						
PAYEE	(a) Payee name		(b) Payee	address;	City,	State,	Zip Code	
			18 Bay S	18 Bay Shore Court				
	Hartmann, Diana		Abilono -	Abilene, TX 79602				
PURPOSE OF	(a) Category		(b) Descrip					
	(See Categories listed at the top Event Expense	of this schedule)		tion for 2 to the <sup>-</sup>	TFRW Qtrly Co	onference	-	
X Non-Political		of Toylog, Complete Orbert 1, T			officebold <sup>th</sup> do-			
	(C) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T	ice sought	Check if Austin, TX	, officeholder living ex Office held	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Onicenolder	name Oli	ice sought		Onice Held			

# SCHEDULE F4

	EXPI		ES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/- Gift/Award	erage Expense F s/Memorials Expense F	Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Polling Expense     Travel in District       Printing Expense     Travel Out of District       Salaries/Wages/Contract Labor     OTHER (enter a category not listed above)								
	The Inst	ruction Guide explains ho	w to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)								
Sch: 3/4 Rpt: 9/10	Abilene Republican	Nomen's Club		00087236							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZE EXPENDITURES CHARGED TO A CREE CARD	\$	0.0	0					
6 PAYMENT	YMENT (a) Amount Charged (b) Date of Charge		(c) Date(s) Credit Card Iss	suer Paid							
Expenditure from corporate funds	\$325.46	10/28/2024									
7 PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Sheraton Georgeto	wn	1101 Woodlawn Ave								
			Georgetown, TX 78628	}							
8 PURPOSE OF	(a) Category		(b) Description								
EXPENDITURE       (See Categories listed at the top of this schedule)         Travel Out of District			Hotel Expense for TFRW Quarterly Conference								
X Non-Political	X Non-Political (c) Check if travel outside of Texas. Complete Schedule T			TX, officeholder living ex	pense						
9 Complete ONLY if direct Candidate/Officeholder name Officepolder name			ce sought	Office held	*						
PAYMENT (a) Amount Charged (b) Date of Charge			(c) Date(s) Credit Card Iss	suer Paid							
Expenditure from corporate funds	\$396.00	09/30/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			4015 Buffalo Gap Rd								
	State Farm Insuran	ce									
			Abilene, TX 79602								
PURPOSE OF	(a) Category	of this school (a)	(b) Description								
	(See Categories listed at the top Insurance		Board & Directors Insurance								
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Iss	suer Paid							
Expenditure from corporate funds	\$268.77	11/25/2024									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
			18 Bay Shore Court								
	Hartmann, Diana (N	virs.)									
			Abilene, TX 79602								
PURPOSE OF	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description								
	Event Expense		Meal for Veterans Day	Event							
Political	·										
X Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense						
Complete ONLY if direct	Candidate/Officeholder	name Offi	ce sought	Office held							
expenditure to benefit C/OH											

# SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD								SCHEDULE F4			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel By - Gift/Awards/Memorials Expense Printing Expense Travel				icitation/Fundraising Expense nsportation Equipment & Related Expense vel in District vel Out of District HER (enter a category not listed above)					
1	Total pages Schedule F4:	2 FILER NA				3 Filer ID (Ethics Commission Filers)					
<b> </b> -	Sch: 4/4 Rpt: 10/10			Women's Club				00087236		/	
4	•		•	ncial institution	<b>5</b> TOT	AL OF UNITEMIZ					
	ISSUER	see previous			CHA	EXPENDITURES CHARGED TO A CREDIT CARD			\$ 0.00		
6	PAYMENT	(a) Amount	Charged	(b) Date of Charge	(c) Date	e(s) Credit Card Is	suer	Paid			
	Expenditure from corporate funds	\$1,20	0.00	11/13/2024							
7	PAYEE	(a) Payee na	ame	•	(b) Pay	ee address;		City,	State,	Zip Code	
		Shaaron	's BBQ		849 E	849 E Hwy 80					
		۵bile				e, TX 79602					
8	PURPOSE OF	(a) Category	/	(b) Des							
	EXPENDITURE	(See Categories Event Exp	listed at the top ENSE	Vetera	Veteran's Day Dinner						
	X Non-Political	(C) Check	if travel outside	of Texas. Complete Schedule	e T. Check if Austin, TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/	'Officeholder	name C	Office sought			Office held			
	PAYMENT	(a) Amount	(a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer				suer	Paid			
Expenditure from corporate funds		\$597.73 09/19/2024									
⊢	PAYEE	(a) Payee name			(b) Pay	ee address;		City,	State,	Zip Code	
		Abuelos's Mexican Restaurant			S. 14th	S. 14th St					
					Abilen	e, TX 79605					
	PURPOSE OF	(a) Category			(b) Des						
	EXPENDITURE	(See Categories listed at the top of this schedule) Fevent Expense			Food f	or Constitution I	Day I	Luncheon			
	X Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, offi					officeholder living expense				
e	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/	Officeholder	name C	Office sought			Office held			