

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) 00087236	2 Total pages filed: 10
3 COMMITTEE NAME Abilene Republican Women's Club		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/13/2025	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18 Bay Shore Court Abilene, TX 79602	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Diana E. NICKNAME LAST SUFFIX Hartmann	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18 Bay Shore Court Abilene, TX 79602	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18 Bay Shore Court Abilene, TX 79602	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (325) 518-1498	
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 Month Day Year 07/01/2024 THROUGH 12/31/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other 11/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special Presidential 2024	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Abilene Republican Women's Club	13 Filer ID (Ethics Commission Filers) 00087236
---	---

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 Republican
		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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
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.

Diana E. Hartmann

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 Abilene Republican Women's Club		18 Filer ID (Ethics Commission Filers) 00087236
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,574.95
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/10
2 FILER NAME Abilene Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00087236
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arrington Campaign, Jodey (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79401	7 Amount of Contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) US Congressman		9 Employer (See Instructions) Congressman

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 5/10

2 FILER NAME
Abilene Republican Women's Club

3 Filer ID (Ethics Commission Filers)
00087236

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

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

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 6/10
2 FILER NAME Abilene Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00087236
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 1/4 Rpt: 7/10	2	FILER NAME Abilene Republican Women's Club	3	Filer ID (Ethics Commission Filers) 00087236
4	CREDIT CARD ISSUER	Name of financial institution First Financial Bank of Abilene Texas		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$552.00	(b) Date of Charge 08/13/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name National Constitution.com		(b) Payee address; City, State, Zip Code 55740 Currant Road Mishawaka, IN 46545	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Constitutions to give away		(b) Description Giveaways for GOTV	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$204.00	(b) Date of Charge 09/08/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Knife & Whisk		(b) Payee address; City, State, Zip Code 34 Fairways Oak Blvd. Abilene, TX 79606	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Catering	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$293.87	(b) Date of Charge 08/09/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 170 Data Dr Waltham, ME 02451	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description printing program stickers	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 2/4 Rpt: 8/10	2	FILER NAME Abilene Republican Women's Club	3	Filer ID (Ethics Commission Filers) 00087236
4	CREDIT CARD ISSUER	Name of financial institution see previous		5	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$281.00	(b) Date of Charge 09/12/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Office Depot		(b) Payee address; City, State, Zip Code Buffalo Gap Rd Abilene, TX 79605	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Copies for Prepping Booklets	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$206.12	(b) Date of Charge 10/22/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name HEB		(b) Payee address; City, State, Zip Code 1345 Barrow St Abilene, TX 79605	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		(b) Description Food Expense Prep Seminar	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held
6	PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$250.00	(b) Date of Charge 10/08/2024	(c) Date(s) Credit Card Issuer Paid	
7	PAYEE	(a) Payee name Hartmann, Diana		(b) Payee address; City, State, Zip Code 18 Bay Shore Court Abilene, TX 79602	
8	PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Registration for 2 to the TFRW Qtrly Conference - Georgetown	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 3/4 Rpt: 9/10	2 FILER NAME Abilene Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00087236
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$325.46	(b) Date of Charge 10/28/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Sheraton Georgetown	(b) Payee address; City, State, Zip Code 1101 Woodlawn Ave Georgetown, TX 78628	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Travel Out of District		(b) Description Hotel Expense for TFRW Quarterly Conference
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$396.00	(b) Date of Charge 09/30/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name State Farm Insurance	(b) Payee address; City, State, Zip Code 4015 Buffalo Gap Rd Abilene, TX 79602	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Insurance		(b) Description Board & Directors Insurance
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$268.77	(b) Date of Charge 11/25/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hartmann, Diana (Mrs.)	(b) Payee address; City, State, Zip Code 18 Bay Shore Court Abilene, TX 79602	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Meal for Veterans Day Event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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 F4: Sch: 4/4 Rpt: 10/10	2 FILER NAME Abilene Republican Women's Club		3 Filer ID (Ethics Commission Filers) 00087236
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00
6 PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$1,200.00	(b) Date of Charge 11/13/2024	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Shaaron's BBQ	(b) Payee address; City, State, Zip Code 849 E Hwy 80 Abilene, TX 79602	
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Veteran's Day Dinner
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT <input type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$597.73	(b) Date of Charge 09/19/2024	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Abuelos's Mexican Restaurant	(b) Payee address; City, State, Zip Code S. 14th St Abilene, TX 79605	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Food for Constitution Day Luncheon
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		