## CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

#### FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 2 Total pages filed:	d low that ors.
3 COMMITTEE NAME   Highland Lakes Republican Women   ELECTRONICALLY FILED	d low that and ors.
A TREASURER NAME    A TREASURER NAME   Riley, Diana Lin   Date Hand-delivered or Date Postmarks   Date Hand-delivered or Date Postmarks   Date Processed   Date	d low that and ors.
4 TREASURER NAME  Riley, Diana Lin  Date Hand-delivered or Date Postmarke  From Type  January 15  Other (specify)  Month Day Year  OT/01/2024  THROUGH  TEXPLANATION OF CORRECTION  Prior Explanation per Diana Riley: 1 have spoken to Bill earlier today to update the principle and occupation for the monteary contributions to be sure all the numbers are correct. It have that information is not allowing me to enter and submit my filing. Please help. Diana Riley 11/14/2025. This is Jessica Mcree-Grabert, HLRW Vice President. Diana Riley is no longer our Treasurer.  Deborah Baker has been elected the new Treasurer for 2025. As we were passing the books over to Deborah, I noticed a certified mail receipt. Several late notices in the records. After noting that a report was due soon, I took action immediately to help clear up the paperwork for any er As you know, the Semi-Annual Report for the period 6/30/24-12/31/24 is due tomorrow. Upon a quick and thorough review of all of the 2024 bastatements and report sude/field by Diana Riley for the year 2024, the incoming Treasurer. Deborah and report due tomorrow and at weaking of the of dates" on the Semi-Annual report field back in July.  Semiannual reports: I swear or affirm, that I am filing this corrected that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that I am filing this corrected that the report as originally filed is inaccurate or incomplete. I swear, or antifirm, that I am refirm, that I am refirm, that I am refirm, that I am report incomplete. I swear, or antifirm, that I am refirm, the report or incomplete. I swear, or antifirm, that I am refirm the report or incomplete. I swear, or incomplete. I swear, or antifirm, that I am refirm the report or incomplete. I swear, or incomplete. I swear or incomp	low that
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30th day before election    Dissolution report   Date Processed	und ors. ik
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filed was made in good faith.	
Diana Lin Riley	
Signature of Campaign Treasurer	_
AFFIX NOTARY STAMP / SEAL ABOVE	
Sworn to and subscribed before me, by the said	
Sworn to and subscribed before me, by the said day of, this the day of, 20, to certify which, witness my hand and seal of office.	
o, 20, to defaily which, walless my hard and sear 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

#### 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) 00017097 3 COMMITTEE NAME **OFFICE USE ONLY** Highland Lakes Republican Women Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 510 Crest Drive Date Hand-delivered or Date Postmarked Change of Address Kingsland, TX 78639 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Diana Lin NAME NICKNAME LAST **SUFFIX** Riley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 301 E. Lakeshore Drive STREET **ADDRESS** (Residence or Business) Sunrise Beach, TX 78643 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 871 Fir Lane MAILING **ADDRESS** Cottonwood Shores, TX 78657 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (325) 423-0953 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Highland Lakes Repub	lican Women			00017097	,
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)  A. Supported Mr. Wes Virdell State Representative				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIIOR GUARANTEES OF IADE ELECTRONICAL qualifies for the higher iter	LY)	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE		S UARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPEND	ITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	1,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN		NTAINED AS OF THE LAST	DAY \$	2,813.71
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUT REPORTING PERIOD	STANDING LOANS AS OF	THE \$	0.00
6 AFFIDAVIT	I			<u> </u>	
		true and	or affirm, under penalty of pe correct and includes all info tle 15, Election Code.		
			Diana	Lin Riley	
			Signature of Ca		urer
AFFIX NOTARY	' STAMP / SEAL ABOVE		Ç	. •	
			, t	this the	day
	_, 20, to certify \				
Signature of officer ac	dministering oath	Printed name of officer	r administering oath	Title of offi	cer administering oath

### GENERAL-PURPOSE COMMITTEE REPORT:

## FORM GPAC

DOMMITTEE NAME    In Candidates   Commission Filers
Highland Lakes Republican Women  COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Mr. Wes Virdell State Representative  B. Opposed  A. Supported  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted
ACTIVITY  1. Candidates (Identify by name or, if applicable, classify by party.)  2. Measures (Describe by date and location of election and nature of issue.)  3. Officeholders Assisted
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  A. Supported  B. Opposed  3. Officeholders Assisted
2. Measures (Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted
(Describe by date and location of election and nature of issue.)  B. Opposed  3. Officeholders Assisted
B. Opposed  3. Officeholders Assisted
Assisted
(de-mitry by name or. if applicable, classify by party.)

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

5 of 9

					5 of 9
<b>17</b> CO	MMITTI	(Ethics Comm	ission Filers)		
Hig	hland				
	HEDUL ME OF	SUBTOTAL AMOUNT			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		\$			
7.		\$			
8.		\$			
9.	X	\$	0.00		
10.	X	\$	1,000.00		
11.	Х	\$	0.00		
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				\$	0.00
13.	13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				0.00
14.	14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS				35.18
15.		\$			
				ı	

PLE	OGED CONTRIBUTIONS		SCHEDULE B		
T	he Instruction Guide explains ho	1 Total pages Schedule B: Sch: 1/1 Rpt: 6/9 3 Filer ID (Ethics Commission Filers) 00017097			
2 FILER N	AME I Lakes Republican Women				
<u></u>	OF UNITEMIZED PLEDGES		\$ 0.0		
<b>5</b> Date		of-state PAC (ID#:State; Zip Code	8 Amount of pledge (\$) 9 In-kind description (If applicable)		
		La	Check if travel outside of Texas. Complete Schedule		
<b>10</b> Principal	occupation / Job title (See Instructions)	11 Employer (See Ir	structions)		

	LOANS						SCHEE	OULE E
	The Instruction	on Guide explains how to co	omplete this f	orm.			ges Schedule E: L Rpt: 7/9	
2	FILER NAME Highland Lakes	Republican Women				Filer ID 000170	(Ethics Commissi 97	on Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (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	on / Job title (See Instructions)		13 Employer (See Ins	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were d	eposited	into political accou	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guara	inteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	structions)			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 1/1 Rpt: 8/9	Highland Lakes Republican Women 00017097
4 Date	5 Payee name
11/20/2024	Virdell, Wes (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	Wes Virdell Campaign
Expenditure from	PO BOX 147
corporate funds	Brady, TX 76825
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	1,000 for campaign purposes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

### **NON-POLITICAL EXPENDITURES**

MADE FROM I	POLITICAL CONTRIBUTIONS	SCHEDULE I
	The Instruction Guide explains how to c	omplete this form.
Total pages Schedule I: Sch: 1/1 Rpt: 9/9 Date	FILER NAME     Highland Lakes Republican Women     Payee name	3 Filer ID (Ethics Commission Filers) 00017097
07/15/2024	Riley, Diana (Mrs.)	
5 Amount (\$) 35.18	7 Payee Address; City; State; Zip 871 Fir Lane	
Expenditure from corporate funds	Cotton Wood Shores, TX 78657	
B PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)  Event Expense	Description (See instructions regarding type of information required.) reimbursement for event supplies