

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00080668	<b>2</b> Total pages filed: 12
<b>3</b> COMMITTEE NAME Capitol Republican Women PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 01/15/2025	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15700 Concerns Terra Drive  Bee Cave, TX 78738		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Maricela	
		NICKNAME	LAST SUFFIX
			De Leon
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 606 Gresham Street  Smithville, TX 78957		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1409 South 9th Avenue  Edinburg, TX 78541		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(512)	605-9998	
<b>9</b> 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	
<b>10</b> PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2024		12/31/2024
<b>11</b> ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
	11/05/2024	<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

<b>12 COMMITTEE NAME</b> Capitol Republican Women PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00080668
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	727.52
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	777.15
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	3,568.74
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	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.

Ms. Maricela De Leon  
\_\_\_\_\_  
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

<b>17 COMMITTEE NAME</b> Capitol Republican Women PAC		<b>18 Filer ID</b> (Ethics Commission Filers) 00080668
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 727.52
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	\$ 777.15
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	\$ 614.17
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 87.02

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/4 Rpt: 4/12
<b>2</b> FILER NAME Capitol Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080668
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cuellar Olivarez, Lizeth <hr/> <b>6</b> Contributor address; City; State; Zip Code  Laredo, TX 78045	<b>7</b> Amount of Contribution (\$)  \$52.40
<b>8</b> Principal occupation / Job title (See Instructions) Teacher		<b>9</b> Employer (See Instructions) Region One Education Service Center
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daniel Howell, Cassie (Mrs.) <hr/> Contributor address; City; State; Zip Code  Austin, TX 78729	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) STATE OF TEXAS
Date 10/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Davidson, Donna <hr/> Contributor address; City; State; Zip Code  Austin, TX 78711	Amount of Contribution (\$)  \$78.44
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engman, Victoria <hr/> Contributor address; City; State; Zip Code  Elgin, TX 78621	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Political Contractor		Employer (See Instructions) Self-Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) LUMSDEN, LAUREN <hr/> Contributor address; City; State; Zip Code  AUSTIN, TX 78730	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) CAPITOL STAFF		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/4 Rpt: 5/12
<b>2</b> FILER NAME Capitol Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080668
<b>4</b> Date 11/24/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Martinez, Alba <hr/> <b>6</b> Contributor address; City; State; Zip Code  Grand Prairie, TX 78502	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Academic Affairs		<b>9</b> Employer (See Instructions) Tarrant County College
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mathews, Stephani <hr/> Contributor address; City; State; Zip Code  Austin, TX 78703	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) Texas Association of Business
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Payne, Caroline <hr/> Contributor address; City; State; Zip Code  Houston, TX 77009	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Public Affairs		Employer (See Instructions) The Mach1 Group
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ridley, Sara Marie <hr/> Contributor address; City; State; Zip Code  Austin, TX 78738	Amount of Contribution (\$)  \$52.40
Principal occupation / Job title (See Instructions) Strategist		Employer (See Instructions) Majority Strategies
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rister, Amy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Georgetown, TX 78628	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) State of Texas

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/4 Rpt: 6/12
<b>2</b> FILER NAME Capitol Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080668
<b>4</b> Date 12/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rister, Amy (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Georgetown, TX 78628	
<b>8</b> Principal occupation / Job title (See Instructions) State Employee		<b>9</b> Employer (See Instructions) State of Texas
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Sam LaRue , Gerdes	Amount of Contribution (\$)  \$31.56
	Contributor address; City; State; Zip Code  Smithville, TX 78957	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) LaRue Firearms
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Van Arnam, Catherine	Amount of Contribution (\$)  \$31.56
	Contributor address; City; State; Zip Code  Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Legislative Staff		Employer (See Instructions) Texas House of Representatives
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Villarreal Salvo, Mandi	Amount of Contribution (\$)  \$52.40
	Contributor address; City; State; Zip Code  Corpus Christi, TX 78410	
Principal occupation / Job title (See Instructions) State Employee		Employer (See Instructions) State of Texas
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wornardt, Rochelle	Amount of Contribution (\$)  \$30.00
	Contributor address; City; State; Zip Code  Georgetwon, TX 78628	
Principal occupation / Job title (See Instructions) CAPITOL STAFFER		Employer (See Instructions) STATE OF TEXAS

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/4 Rpt: 7/12
<b>2</b> FILER NAME Capitol Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080668
<b>4</b> Date 12/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yandell, Madison <hr/> <b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78703	<b>7</b> Amount of Contribution (\$)  \$31.56
<b>8</b> Principal occupation / Job title (See Instructions) Budget and Policy Adviser		<b>9</b> Employer (See Instructions) Office of the Governor

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 8/12	<b>2</b> FILER NAME Capitol Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080668
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<b>4</b> Date 08/12/2024	<b>5</b> Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA
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<b>6</b> Amount (\$) \$33.05  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly subscription
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2024	Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA
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Amount (\$) \$33.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308
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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 Monthly subscription
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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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Date 12/11/2024	Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA
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Amount (\$) \$33.05  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308
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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 Monthly subscription.
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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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# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 9/12	<b>2</b> FILER NAME Capitol Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00080668
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<b>4</b> Date 12/31/2024	<b>5</b> Payee name TFRW
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<b>6</b> Amount (\$) \$475.60  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 13740 N HWY 183 St. J4  Austin, TX 78750
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues.
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/03/2024	Payee name VENMO
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Amount (\$) \$202.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 117 Barrow St  NEW YORK, NY 10014
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Fees
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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.

1 Total pages Schedule I: Sch: 1/2 Rpt:	2 FILER NAME Capitol Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00080668
4 Date 11/13/2024	5 Payee name Canva Inc	
6 Amount (\$)  119.40 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 110 Kippax Street  Surry Hills NSW 2010 Australia	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Subscription fee.
Date 07/11/2024	Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA	
Amount (\$)  33.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) monthly subscription
Date 10/11/2024	Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA	
Amount (\$)  33.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Monthly subscription.
Date 11/12/2024	Payee name MAILCHIMP *MONTHLY MAILCHIMP.COM GA	
Amount (\$)  33.05 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 675 Ponce De Leon Ave NE 5000 Atlanta, GA 30308	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Monthly subscription.

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt:	2 FILER NAME Capitol Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00080668
4 Date 07/05/2024	5 Payee name St Davids	
6 Amount (\$)  92.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 919 E 32nd St  Austin, TX 78705	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Flowers gift for member.
Date 10/08/2024	Payee name TFRW	
Amount (\$)  253.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N HWY 183 St. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees.
Date 10/25/2024	Payee name TFRW	
Amount (\$)  50.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N HWY 183 St. J4  Austin, TX 78750	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership dues.

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 12/12
<b>2</b> FILER NAME Capitol Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00080668
<b>4</b> Date 07/08/2024	<b>5</b> Name of person from whom amount is received St. Davids	<b>8</b> Amount (\$) \$87.02
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Austin , TX 78705	
	<b>7</b> Purpose for which amount is received Return flowers gift	<input type="checkbox"/> Check if political contribution returned to filer