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) 00054650 3 COMMITTEE NAME **OFFICE USE ONLY** Richardson Republican Women Date Received **ELECTRONICALLY FILED** 07/13/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 831626 Date Hand-delivered or Date Postmarked Change of Address Richardson, TX 75083 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Fely NAME NICKNAME LAST **SUFFIX** Eichenberger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1709 Auburn Drive STREET **ADDRESS** (Residence or Business) Richardson, TX 75081 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1709 Auburn Drive MAILING **ADDRESS** Richardson, TX 75081 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 563-5977 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED** 01/01/2025 **THROUGH** 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Richardson Republic	an Women		00054650	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS Not the check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,510.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,309.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	755.59
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,327.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	5,238.81
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Fely Eich	nenberger	
		Signature of Car	mpaign Treasure	er
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
		, th	nis 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 office	er administering oath
2.3		The state of the s	0. 000	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 17
17 COMMITTI Richardso	EE NAME In Republican Women	18 Filer ID 00054650	(Ethics Commission	Filers)
19 SCHEDUL NAME OF	E SUBTOTALS SCHEDULE	<u> </u>	SUBTOTAL AM	MOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,309.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	4,327.46
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONEI	ARY POLITICAL C	CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/17	
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
	Richardson F	Republican Women				00054650	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) 03/01/2025 Cousens, Andrea 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$42.00		
		Richardson, TX 75080	uic, 2p code				
8	Principal occu Marketing	pation / Job title (See Instructions)	9 Employer (See Instructions Microsoft	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	
	01/28/2025	Dees, Diane					\$500.00
	Contributor address; City; State; Zip Code						
		Richardson, TX 75080					
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Nutritional Consultant Self-employed						
	Date Full name of contributor out-of-state PAC (ID#:))		Amount of Contribution (\$)		
	01/28/2025 Dunn, Lisa				\$62.00		
	Contributor address; City; State; Zip Code						
		Richardson, TX 75080					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Sr Principal (Cyber Engineer		Raytheon Technologies	;		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
04/01/2025 Fulks, Brook Contributor address; City; State; Zip Code			•		\$20.00		
		Frisco, TX 75034					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Judge			State of Texas			
	Date Full name of contributor out-of-state PAC (ID#:) 03/31/2025 Greer, Deborah			Amount of Contribution (\$)			
					\$250.00		
		Contributor address; City; St	ate; Zip Code				
		Richardson, TX 75081					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions N/A	5)		

	MONEI	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDULI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/17	
2	FILER NAME Richardson Republican Women			3	Filer ID (Ethics Commission	r Filers)	
						00054650	
4	Date 5 Full name of contributor out-of-state PAC (ID#:) Herzog, Rachel 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$42.00		
8	Principal occu	Dallas, TX 75229 pation / Job title (See Instructions	2)	9 Employer (See Instructions	(2)		
Ü	RN	pation / Job title (Jee mandenone	·)	Unknown	رد		
	Date Full name of contributor out-of-state PAC (ID#:) 02/07/2025 Kilgore, Stephenie Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$42.00		
_	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	<u>I</u> S)		
	Self Employe	ed					
	Date Full name of contributor out-of-state PAC (ID#:) 06/30/2025 Klement, Chris Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00		
		Dallas, TX 75231					
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>L</u> S)		
	Attorney			Fee, Smith, & Sharp			
	Date 03/03/2025	Full name of contributor Lowery, Natasha Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$52.00
	Principal occu	Richardson, TX 75080	2)	Employer (See Instructions	s) 		
Psychologist CPST Texas		3) 					
	Date Full name of contributor out-of-state PAC (ID#:) 06/18/2025 Main, Marian Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$42.00		
	Principal occu Retired	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE		
	The Instruc	ction Guide explains how to complete t	this form.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/17		
2	FILER NAME Richardson Republican Women			3	Filer ID (Ethics Commission 00054650	n Filers)	
4			7	Amount of Contribution (\$)	\$42.00		
_		Richardson, TX 75082	<u></u>	Ĺ			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instruction	ıs)			
	Date 01/28/2025	Full name of contributor out-of-state PAC Owens, David Contributor address; City; State; Zip Code Frisco, TX 75034	C (ID#:)		Amount of Contribution (\$)	\$62.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Business Ow	ner					
	Date Full name of contributor out-of-state PAC (ID#:) O2/07/2025 Owens, David Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$62.00		
		Frisco, TX 75034					
	Principal occu Business Ow	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date 01/28/2025	Full name of contributor out-of-state PAC Porter, Donald Contributor address; City; State; Zip Code Richardson, TX 75080	C (ID#:)		Amount of Contribution (\$)	\$62.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction	ns)			
	Date Full name of contributor out-of-state PAC (ID#:) 01/28/2025 Riddle, Catherine Contributor address; City; State; Zip Code Richardson, TX 75080			Amount of Contribution (\$)	\$42.00		
	Principal occu Cytotechnolo	pation / Job title (See Instructions)	Employer (See Instruction Texas Health Resource				
	Sylvicomiol	9101	TOXAS TICARET NESSURGE				

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/17 2 FILER NAME Richardson Republican Women 3 Filer ID (Ethics Commission File (1005/4650) 4 Date 01/13/2025 5 Full name of contributor on the PAC (ID): 5 Contributor address; City: State: Zip Code Washington DC, DC 20024 8 Principal occupation / Job title (See Instructions) Senior Advisor Date 03/31/2025 Full name of contributor out-of-state PAC (ID): 7 Amount of Contribution (S) America First Institute Amount of Contribution (S) Senior Advisor Principal occupation / Job title (See Instructions) Richardson, TX 75080 Principal occupation / Job title (See Instructions) Attorney Self-employed	MONETARY POLITICAL CONTRIBUTIONS						
Richardson Republican Women 4 Date							
A Date 01/13/2025 5 Full name of contributor	2						
8 Principal occupation / Job title (See Instructions) Senior Advisor Date Date O3/31/2025 Tolliver, Catherine Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$ \$ Employer (See Instructions) Employer (See Instructions)	4						
Senior Advisor Date Full name of contributor out-of-state PAC (ID#:							
03/31/2025 Tolliver, Catherine Contributor address; City; State; Zip Code Richardson, TX 75080 Principal occupation / Job title (See Instructions) Employer (See Instructions)	8						
Principal occupation / Job title (See Instructions) Employer (See Instructions)							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 8/17	Richardson Republican Women 00054650
4 Date	5 Payee name
06/07/2025	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	Amazon.com
	3051 Research Dr.
Expenditure from corporate funds	Richardson, TX 75082
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense
	☐ Check if Austin, TX, officeholder living expense gifts to 3 military servicemen
	gite to a military servicement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
02/08/2025	Crystal Images, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$41.49	1915 Peters RD #313
Expenditure from corporate funds	Irving, TX 75061
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense name tags
	nume tags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/08/2025	Crystal Images, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$28.05	1915 Peters RD #313
φ20.03	1912 Lefel 2 VD #212
Expenditure from corporate funds	Irving, TX 75061
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAI LINDITURE	Check if Austin, TX, officeholder living expense
	name tag
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to co	mplete this	s form.		
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/10 Rpt: 9/17	Richardson Republican Women			00054650	
4 Date	5 Payee name				
05/22/2025	Crystal Images, Inc.				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$19.39	1915 Peters RD #313				
Expenditure from corporate funds	Irving, TX 75061				
8 PURPOSE		(b) Desc	rintion		
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		heck if travel outsid	le of Texas. Com	plete Schedule T.
EXPENDITURE		☐ ci	heck if Austin, TX,	officeholder living	g expense
		nam	ie tag		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ght		Office he	eld
experialiture to benefit C/O	1				
Date	Payee name				
06/12/2025	Crystal Images, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$12.89	1915 Peters RD #313				
Expenditure from corporate funds	Irving, TX 75061				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Desc	cription		
OF EXPENDITURE	Advertising Expense		heck if travel outsid	le of Texas. Com	plete Schedule T.
EXPENDITORE			heck if Austin, TX,	officeholder living	gexpense
		nam	ie tag		
Occupate ONLY if direct	Oscalista to 100% as hadden as as a second			O#: I-	-1-1
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sould	gnt		Office he	eia
Date	Payee name				
06/30/2025	Crystal Images, Inc.				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$12.89	1915 Peters RD #313				
Expenditure from					
corporate funds	Irving, TX 75061				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Desc			
EXPENDITURE	Advertising Expense		heck if travel outsid heck if Austin, TX, o		
			ie tag	onicendider living	y expense
		110.111			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sou	aht		Office he	eld
expenditure to benefit C/O		J		200 110	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/10 Rpt: 10/17	Richardson Republican Women	00054650
4 Date	5 Payee name	·
01/31/2025	PayPal	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$1.96	2211 N 1st St	
Expenditure from corporate funds	San Jose, CA 95131	
8 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 PayPal fees for January
		ayr arrees for samuary
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	1	•
Date	Payee name	
02/28/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip C	ode
\$7.07	2211 N 1st St	
Expenditure from corporate funds	San Jose, CA 95131	
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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		PayPal fees for the month of February.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held
Date	Payee name	
03/31/2025	PayPal	
Amount (\$)	Payee address; City; State; Zip C	ode
\$1.96	2211 N 1st St	
- "		
Expenditure from corporate funds	San Jose, CA 95131	
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.
EXI ENDITORE		Check if Austin, TX, officeholder living expense
		March PayPal fees
0 1. 6	0 51 100 111	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 4/10 Rpt: 11/17	Richardson Republican Women 00054650
4 Date	5 Payee name
04/30/2025	PayPal
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5.11	2211 N 1st St
Expenditure from corporate funds	San Jose, CA 95131
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	April paypal fees
	L b.Sh.
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/25/2025	Preston West Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$500.00	4407 Hallmark Drive
, , , , , ,	
Expenditure from corporate funds	Dallas, TX 75229
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Honorarium for speaker Nick Adams on a shared
	event.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/15/2025	Spring Creek Barbeque
Amount (\$)	Payee address; City; State; Zip Code
\$24.59	270 N Central Expy
ΨΣ-1.00	270 N Gentral Expy
Expenditure from corporate funds	Richardson, TX 75080
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense
	Check if Austin, TX, officeholder living expense speaker's dinner
	Speaker 5 uniner
Complete CNII V if divers	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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: 5/10 Rpt: 12/17	Richardson Republican Women 00054650
4 Date	5 Payee name
01/31/2025	Square Reader
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$13.24	2023 Block, Inc.
Expenditure from	1955 Broadway Ste. 600
corporate funds	Oakland, CA 94612
8 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 square fees for January
	square lees for January
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/03/2025	Square Reader
Amount (\$)	Payee address; City; State; Zip Code
\$1.45	2023 Block, Inc.
	1955 Broadway Ste. 600
Expenditure from corporate funds	Oakland, CA 94612
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 square fee for the month of March
	Square lee for the month of water
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/OI	
Date	Payee name
06/30/2025	Square Reader
Amount (\$)	Payee address; City; State; Zip Code
\$3.67	2023 Block, Inc.
Expenditure from	1955 Broadway Ste. 600
corporate funds	Oakland, CA 94612
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense June square fees
	oune square rees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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

Credit Card Payment	The Instruction Guide explains how to co	omple	te this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Sch: 6/10 Rpt: 13/17	Richardson Republican Women		00054650		
4 Date	5 Payee name		<u> </u>		
03/03/2025	Target				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$30.26	601 S Plano Rd.				
Expenditure from corporate funds	Richardson, TX 75081				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE	stickers for dictionarie		Check if Avetin TV, officeholder living evenes		
			Check if Austin, TX, officeholder living expense Stickers for dictionaries.		
			outline for diodonalists.		
9 Complete ONLY if direct	Candidate/Officeholder name Office so	l laht	Office held		
expenditure to benefit C/O		ugnt	Office field		
Dete					
Date	Payee name				
01/16/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip C	code			
\$101.20	PO Box 171146				
Expenditure from					
corporate funds	Austin, TX 78717				
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		
			Membership		
Complete ONLY if direct	Candidate/Officeholder name Office so	l l	Office held		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
<u> </u>					
Date	Payee name				
01/30/2025	Texas Federation of Republican Women				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$556.60	PO Box 171146				
Expenditure from					
corporate funds	Austin, TX 78717				
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.		
EXI ENDITORE			Check if Austin, TX, officeholder living expense		
			membership		
Complete CNU V Stalling	Condidate/Officeholder name	ئ داست	Office hald		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ugnt	Office held		
,					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
Sch: 7/10 Rpt: 14/17	Richardson Republican Women 00054650						
4 Date	5 Payee name						
01/31/2025	Texas Federation of Republican Women						
6 Amount (\$)	7 Payee address; City; State; Zip Code						
\$25.30	PO Box 171146						
Expenditure from corporate funds	Austin, TX 78717						
8 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						
	monitorion p						
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI							
5 .							
Date	Payee name						
02/01/2025	Texas Federation of Republican Women						
Amount (\$)	Payee address; City; State; Zip Code						
\$26.35	PO Box 171146						
- Evanaditura from							
Expenditure from corporate funds	Austin, TX 78717						
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE	Contributions/Donations Made By						
EXPENDITORE	Candidate/Officeholder/Political Committee						
	Donation to TFRW hospitality						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experientare to benefit 6/61							
Date	Payee name						
02/28/2025	Texas Federation of Republican Women						
Amount (\$)	Payee address; City; State; Zip Code						
\$50.60	PO Box 171146						
Expenditure from corporate funds	Austin, TX 78717						
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.						
EXPENDITURE	Check if Austin, TX, officeholder living expense						
	membership						
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
experiditure to benefit C/Oi							

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 15/17	Richardson Republican Women	00054650
4 Date	5 Payee name	•
03/31/2025	Texas Federation of Republican Women	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$50.60	PO Box 171146	
Expenditure from corporate funds	Austin, TX 78717	
8 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
		membership
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Light Office held
expenditure to benefit C/OI		agit Office field
Date	Payee name	
06/30/2025	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Ci	ode
\$126.50	PO Box 171146	ouc
Ψ120.50	1 0 Box 171140	
Expenditure from corporate funds	Austin, TX 78717	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		membership
		'
Complete ONLY if direct	Candidate/Officeholder name Office so	ıght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/05/2025	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip C	ode
\$75.90	PO Box 171146	
- "		
Expenditure from corporate funds	Austin, TX 78717	
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.
LXI LINDITORE		Check if Austin, TX, officeholder living expense
		membership
Complete ONLY if direct	Candidate/Officeholder name Office sor	Light Office held
expenditure to benefit C/OI		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Counting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beve Gift/Award I Committee Legal Serv	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILED NAME			<u>-</u>	3	Filer ID	(Ethics Commission Filers)	
Sch: 9/10 Rpt: 16/17	Richardson Republ	ican Women			ľ	00054650	(24.1100 00.11111100.0111111010)	
·	-	TCAIT VVOITICIT				00034030		
4 Date	5 Payee name							
01/15/2025	The Dictionary Proj	ect						
6 Amount (\$)	7 Payee address; C	City; State;	Zip Cod	е				
\$1,248.00	PO Box 1845							
Expenditure from	Charleston CC 20	102						
corporate funds	Charleston, SC 294	1 U2						
8 PURPOSE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) Description				
OF EXPENDITURE	Contributions/Dona				Check if travel outside of Texas. Complete Schedule T.			
2/11/2/11/2/12	Candidate/Officeho	lder/Political Comm	ittee	ш		, officeholder livin		
				•		,	distribute to students in	
				four Richards	Son	Elementary	y Schools.	
9 Complete ONLY if direct	Candidate/Officeholder	name C	Office soug	ht		Office h	eld	
expenditure to benefit C/OI	1							
Date	Davisa nama							
	Payee name	Jan 0						
03/09/2025	The Honey Baked I	Ham Company						
Amount (\$)	Payee address; C	City; State;	Zip Cod	е				
\$242.90	4343 Northwest Hig	ghway						
		•						
Expenditure from	D. II TV 75000							
corporate funds	Dallas, TX 75220							
PURPOSE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) Description				
OF EXPENDITURE	Food/Beverage Exp			Check if travel	l outsi	ide of Texas. Cor	nplete Schedule T.	
EXPENDITORE				ш		, officeholder livin	g expense	
				Members Ch	rist	mas Party		
Complete ONLY if direct	Candidate/Officeholder	name C	Office soug	ht		Office h	eld	
expenditure to benefit C/OI	1							
Data	_							
Date	Payee name							
02/28/2025	US Postal Service							
Amount (\$)	Payee address; C	City; State;	Zip Cod	е				
\$21.90	433 Belle Grove Dr							
Expenditure from	Dishards TV 75	200						
corporate funds	Richardson, TX 750	J80						
PURPOSE	(a) Category (See Categori	es listed at the top of this sch	edule) (b) Description				
OF EXPENDITURE	Office Overhead/Re	ental Expense		Check if travel	l outsi	ide of Texas. Cor	nplete Schedule T.	
EXPENDITORE		•		Check if Austir	n, TX,	, officeholder livin	g expense	
				stamps				
Complete ONLY if direct	Candidate/Officeholder	name C	Office soug	ht		Office h	ield	
expenditure to benefit C/OI	1		J					
Forms provided by Texas E	thics Commission	www.ethics.s	tate.tx.us	i			Version V4.1.0.f10d0fd8	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services The Instruction G	Expense Printing Expe	ense ges/Contract Labor	Travel III District Travel Out of District OTHER (enter a category not listed above	/e)
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID (Ethics Commission	n Filers)
L	Sch: 10/10 Rpt: 17/17	Richardson Republican Wo	omen		00054650	
4	Date	5 Payee name				
	05/16/2025	US Postal Service				
6	Amount (\$)	7 Payee address; City;	State; Zip Code	е		
l	\$192.00	433 Belle Grove Dr				
l						
	Expenditure from corporate funds	Richardson, TX 75080				
8	PURPOSE	(a) Category (See Categories listed at t	the top of this schedule)	Description		
l	OF EXPENDITURE	Office Overhead/Rental Ex	pense	ш	tside of Texas. Complete Schedule T.	
l				_	X, officeholder living expense	
l				PO Box annual	i rentai	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sough	nt	Office held	