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) 00016635 3 COMMITTEE NAME **OFFICE USE ONLY** Metroplex Republican Women's Club Date Received **ELECTRONICALLY FILED** 07/08/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 5604 Edwards Dr Date Hand-delivered or Date Postmarked Arlington, TX 76017 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pamela NAME NICKNAME LAST **SUFFIX** Grayson STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 5604 Edwards Drive STREET **ADDRESS** (Residence or Business) Arlington, TX 87017 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 5604 Edwards Drive MAILING **ADDRESS** Arlington, TX 87017 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 253-9055 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 THROUGH** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 06/07/2025 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer	·ID	(Ethics Commission Filers)
Metroplex Republican	Women's Club			L6635	,
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(Describe by date and location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	POLITICAL CONTRIBUTIONS (OTHER THE OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	HAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	7,564.43
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE G PERIOD	E LAST DAY	\$	18,809.08
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AREPORTING PERIOD	AS OF THE	\$	0.00
6 AFFIDAVIT	<u> </u>				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information r		
			Pamela Grayso		
		Signatur	re of Campaign	ı reasuı	rer
AFFIX NOTAR	Y STAMP / SEAL ABOVE				
Sworn to and subscribe	ed before me, by the said		, this the _		day
		which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Title	of offic	er administering oath
•	Č	3			Ŭ

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				3 of 13
17 COI	MMITTE	E NAME	18 Filer ID	(Ethics Commission Filers)
Metroplex Republican Women's Club 00016635			(24.1100 0011111110101111111010)	
19 SCI	HEDULI	SUBTOTALS		
NAN	ME OF :	SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 350.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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	\$ 7,564.43
11.	11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS		\$		
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	\$

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/13
2	FILER NAME Metroplex Republican Women's Club	3 Filer ID (Ethics Commission Filers) 00016635
4	_	7 Amount of Contribution (\$) \$250.0
	Bedford, TX 76021	
8	Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instruction N/A	ns)
	Date Full name of contributor out-of-state PAC (ID#:) 02/27/2025 Ulbrich, Diane (Mrs.) Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$100.0
	Grapevine, TX 76051	
	Principal occupation / Job title (See Instructions) Retired Employer (See Instruction N/A	ns)

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total magas Cabadula F1:	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/9 Rpt: 5/13	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	
04/21/2025	Amazon	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$27.05	440 Terry Ave N	
Ψ21.03	440 Telly Ave IV	
Expenditure from		
corporate funds	Seattle, WA 98109	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	tion
OF EXPENDITURE		c if travel outside of Texas. Complete Schedule T.
EXPENDITORE	I	k if Austin, TX, officeholder living expense
	Office s	supplies - card stock for mass mailing
9 Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	H	
Date	Payee name	
06/24/2025	Amazon	
Amount (\$)	Payee address; City; State; Zip Code	
\$7.20	440 Terry Ave N	
Expenditure from corporate funds	Seattle, WA 98109	
PURPOSE		tion
OF		k if travel outside of Texas. Complete Schedule T.
EXPENDITURE		c if Austin, TX, officeholder living expense
	Printing	g paper
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Office field
Date	Payee name	
05/08/2025	Anderson, Carol (Mrs.)	
Amount (\$)	Payee address; City; State; Zip Code	
\$41.60	8500 Revenue Way	
Expenditure from	N Diobland Hills, TV 76100	
corporate funds	N Richland Hills, TX 76180	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	
EXPENDITURE	Event Expense	k if travel outside of Texas. Complete Schedule T.
	,	rif Austin, TX, officeholder living expense
	meeting	ursement for tablecloths for monthly general
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experialture to beliefft C/OI		
Forms provided by Tayas F	thice Commission www athics state ty us	Version V// 1.0 f10d0fd8

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 Lenal Services 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	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/9 Rpt: 6/13	Metroplex Republican Women's Club 00016635
4 Date	5 Payee name
06/18/2025	Easton, Janna (Mrs.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.00	2213 Wembley Wood
Expenditure from corporate funds	Bedford, TX 76022
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Reimbursement for gift cards for speakers at
	meetings.
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Davies same
01/21/2025	Payee name Extra Space Storage
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	1204 Euless Blvd
Expenditure from corporate funds	Euless, TX 76040
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rental Check if travel outside of Texas. Complete Schedule T.
LA LIDITORE	Check if Austin, TX, officeholder living expense
	Space rental for storage of records and event materials.
2 1: 2111 1/4 1/4	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/18/2025	Extra Space Storage
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	1204 Euless Blvd
- Funanditura from	
Expenditure from corporate funds	Euless, TX 76040
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rental Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Space rental for storage of records and event materials.
Complete ONLY 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

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 Travel in 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: 3/9 Rpt: 7/13	Metroplex Republican Women's Club 00016635
4 Date	5 Payee name
04/18/2025	Extra Space Storage
6 Amount (\$) \$65.00	7 Payee address; City; State; Zip Code 1204 Euless Blvd
\$05.00	1204 Euless bivu
Expenditure from corporate funds	Euless, TX 76040
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Rental Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Space rental for storage of records and event materials.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/19/2025	Extra Space Storage
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	1204 Euless Blvd
Expenditure from corporate funds	Euless, TX 76040
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rental Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Space rental for storage of records and event materials.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
06/18/2025	Extra Space Storage
Amount (\$)	Payee address; City; State; Zip Code
\$65.00	1204 Euless Blvd
Expenditure from corporate funds	Euless, TX 76040
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Rental Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Space rental for storage of records and event materials.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 4/9 Rpt: 8/13	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	-
01/31/2025	Ingram, Linda (Ms.)	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e
\$24.28	2525 Hwy 360	
	#1623	
Expenditure from corporate funds	Euless, TX 76039	
8 PURPOSE		b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, averaging Expenses	Check if Austin, TX, officeholder living expense
		Reimbursement for mailing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	1	
Date	Payee name	
04/01/2025	Mulholland's	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$12.99	1200 W Berry St	
Expenditure from corporate funds	Fort Worth, TX 76110	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF EXPENDITURE	Name tag	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Name tag for 1 member
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	•	Tit Office field
Date		
Date	Payee name	
01/27/2025	North Pointe Baptist Church	
Amount (\$)	Payee address; City; State; Zip Cod	е
\$150.00	147 E. Hurst Blvd	
Expenditure from		
corporate funds	Hurst, TX 76053	
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
		Space rental for monthly General Meeting.
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	555

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

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: 5/9 Rpt: 9/13	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635
4 Date	5 Payee name
03/03/2025	North Pointe Baptist Church
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 147 E. Hurst Blvd
Ψ100.00	TH E. Halot Biva
Expenditure from corporate funds	Hurst, TX 76053
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Space rental for monthly general meeting.
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/31/2025	North Pointe Baptist Church
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	147 E. Hurst Blvd
Ψ100.00	141 E. Haist Biva
Expenditure from corporate funds	Hurst, TX 76053
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Space rental for monthly general meeting.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/28/2025	North Pointe Baptist Church
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	147 E. Hurst Blvd
φ130.00	147 C. Huist Divu
Expenditure from corporate funds	Hurst, TX 76053
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
LAFLINDITURE	Check if Austin, TX, officeholder living expense
	Space rental for monthly general meeting.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/9 Rpt: 10/13	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	
05/27/2025	North Pointe Baptist Church	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е
\$150.00	147 E. Hurst Blvd	
Expenditure from corporate funds	Hurst, TX 76053	
8 PURPOSE OF		b) Description
EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Space rental for monthly general meeting.
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI		onice netu
Date	Payee name	
01/02/2025	River Crest Country Club	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$3,887.26	1501 Western Ave	
Expenditure from corporate funds	Fort Worth, TX 76107	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	·	Check if Austin, TX, officeholder living expense
		Space rental and catering of annual Christmas Luncheon 2024.
		Luncheon 2024.
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held
expenditure to benefit C/OI	1	
Date	Payee name	
01/30/2025	Tax Expert Now / Just Answer	
Amount (\$)	Payee address; City; State; Zip Cod	e
\$5.00	38 Keyes Ave	
40.00	Suite 150	
Expenditure from		
corporate funds	San Francisco, CA 94129	
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description
EXPENDITURE	Help with IRS question	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		How to obtain copy of Club's original EIN letter
		Tiow to obtain copy of Club's original Environce
Complete ONLY if direct	Condidate/Officeholder name Office cours	ht Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	office field
•		

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)

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: 7/9 Rpt: 11/13	Metroplex Republican Women's Club	00016635
4 Date	5 Payee name	•
01/27/2025	Texas Federation of Republican Women	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$227.70	13740 N Highway 183	
Expenditure from	Suite J4	
corporate funds	Austin, TX 78750-1832	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Membership	Check if travel outside of Texas. Complete Schedule T.
-		Check if Austin, TX, officeholder living expense Payment for 9 State memberships.
		ayment for a state memberships.
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held
expenditure to benefit C/O		
Date	Payee name	
01/31/2025	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip C	Code
\$25.30	13740 N Highway 183	
¥=3.03	Suite J4	
Expenditure from corporate funds	Austin, TX 78750-1832	
PURPOSE		(h) Description
OF	(a) Category (See Categories listed at the top of this schedule) Membership	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Membership	Check if Austin, TX, officeholder living expense
		Payment for 1 State membership
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought Office held
experiulture to beriefft C/O		
Date	Payee name	
03/03/2025	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip C	Code
\$278.30	13740 N Highway 183	
Expenditure from	Suite J4	
corporate funds	Austin, TX 78750-1832	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Membership	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Payment for 11 State memberships
		. dymont for 11 otate memberships
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O		

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/9 Rpt: 12/13	Metroplex Republican Women's Club 00016635
4 Date	5 Payee name
03/31/2025	Texas Federation of Republican Women
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$202.40	13740 N Highway 183
	Suite J4
Expenditure from corporate funds	Austin, TX 78750-1832
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Memberhip Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment for 8 State memberships
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/30/2025	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$75.90	13740 N Highway 183
	Suite J4
Expenditure from corporate funds	Austin, TX 78750-1832
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Membership Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Payment for 3 State memberships
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/27/2025	Texas Federation of Republican Women
Amount (\$)	Payee address; City; State; Zip Code
\$75.90	13740 N Highway 183
Funon diture from	Suite J4
Expenditure from corporate funds	Austin, TX 78750-1832
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Memberships Check if travel outside of Texas. Complete Schedule T.
D. LIDITORE	Check if Austin, TX, officeholder living expense
	Payment for 3 State memberships
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

ement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 9/9 Rpt: 13/13	2 FILER NAME Metroplex Republican Women's Club 3 Filer ID (Ethics Commission Filers) 00016635
4 Date 05/30/2025	5 Payee name Texas Federation of Republican Women
6 Amount (\$) \$76.05	7 Payee address; City; State; Zip Code 13740 N Highway 183 Suite J4
Expenditure from corporate funds	Austin, TX 78750-1832
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Contributions to TFRW Scholarship and Education Funds
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date 05/22/2025	Payee name The Golf Club at Fossil Creek
Amount (\$) \$1,447.50	Payee address; City; State; Zip Code 3401 Clubgate Drive
Expenditure from corporate funds	Fort Worth, TX 76137
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Deposit on contract for fundraising golf tournament.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H