#### 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) 00017092 3 COMMITTEE NAME **OFFICE USE ONLY** Preston West Republican Women PAC Date Received **ELECTRONICALLY FILED** 07/12/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 4407 Hallmark Dr. Date Hand-delivered or Date Postmarked Change of Address Dallas, TX 75229 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Valerie E. NAME NICKNAME LAST **SUFFIX** Ertz STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 4407 Hallmark Dr. STREET **ADDRESS** (Residence or Business) Dallas, TX 75229 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** Ste. 660 #193 MAILING **ADDRESS** 11700 Preston Rd. Dallas, TX 75230 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 435-3588 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 χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME		I	13 Filer ID	(Ethics Commission Filers)
Preston West Repub	olican Women PAC	[*	00017092	(
		A. Supported	00011002	
4 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		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	9,274.08
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	11,774.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	12,177.32
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST DESCRIPTION OF THE DESC	DAY \$	9,979.36
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforn under Title 15, Election Code.		
		Ms. Valer Signature of Can		ror
AFFIX NOTA	RY STAMP / SEAL ABOVE	Signature of Car	ipaigii Heasu	ICI
		th	is the	day
UT	, 20, to certify t	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	cer administering oath
e.ga.a.o or officer		and an amount administrating out	01 01110	

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

					3 of 15
17 COMMITTEE NAME18 Filer IDPreston West Republican Women PAC00017092				(Ethics	Commission Filers)
19 SCHEDULE SUBTOTALS  NAME OF SCHEDULE			SI	JBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	11,774.08
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 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 (	DRGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	5	\$	12,177.32
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	38.94
				•	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE <b>A1</b>
	The Instruction Guide explains how to complete this form.			- 1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/15	
2	FILER NAME	st Republican Women PAC		- 1	Filer ID (Ethics Commission 00017092	on Filers)
4				Amount of Contribution (\$)	\$2,000.00	
		Dallas, TX 75229	_			
8	Principal occu Physician	upation / Job title (See Instructions)	9 Employer (See Instruction Self-Employed	ns)		
	Date 03/04/2025	Full name of contributor  out-of-state PAC (ID#: Richardson Republican Women  Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$500.00
	Principal occu	Richardson, TX 75083 upation / Job title (See Instructions)	Employer (See Instruction	ns)		

#### 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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 5/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
03/26/2025	Ace Mart
6 Amount (\$) \$22.67	7 Payee address; City; State; Zip Code 3128 Forrest Lane
Expenditure from corporate funds	Ste. 220 Dallas, TX 75234
8 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  Meeting Supplies
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/03/2025	Blakely , Vicki
Amount (\$)	Payee address; City; State; Zip Code
\$48.76	16831 Village Lane
Expenditure from corporate funds	Dallas, TX 75248
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  Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/27/2025	Carter, James
Amount (\$) \$250.00	Payee address; City; State; Zip Code 9706 Amberley Dr.
Expenditure from corporate funds	Dallas, TX 75243
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  PAC Reporting
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wag	ges/Contract Labor OTHER (enter a category not listed above)
orodic odra i dymoni	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: 2/10 Rpt: 6/15	Preston West Republican Women PAC	00017092
4 Date	5 Payee name	•
03/04/2025	Commercial Printing Inc.	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$603.49	2835 Virgo Lane	
4000.10		
Expenditure from corporate funds	Dallas, TX 75229	
8 PURPOSE		D) Description
OF	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Trinking Expense	Check if Austin, TX, officeholder living expense
		Membership Directories
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		
Date	Davida nama	
	Payee name	
06/30/2025	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	9
\$285.66	1601 Trapelo RD	
Expenditure from corporate funds	Waltham , MA 02451	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	/ averaging Expense	Check if Austin, TX, officeholder living expense
		Email Service Fee
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O	Н	
Data		
Date	Payee name	
02/11/2025	Dallas County Council of Republican Women	
Amount (\$)	Payee address; City; State; Zip Code	9
\$168.00	11617 N. Central Expy	
	Ste. 240	
Expenditure from corporate funds	Dallas, TX 75243	
PURPOSE	[ [ [ ] ] ] [ [ ] ] [ ] [ ] [ ] [ ] [ ]	1) Deceription
OF	(a) Category (See Categories listed at the top of this schedule)	D) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	l rees	Check if Austin, TX, officeholder living expense
		Membership Dues
		•
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		Cinos noid

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 3/10 Rpt: 7/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
01/03/2025	Forte, Marty
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$120.00	4309 Alta Vista Lane
- Funanditura from	
Expenditure from corporate funds	Dallas, TX 75229
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
	Rembursement
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/16/2025	Grady, Candy (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$251.03	4407 Hallmark
7202.00	
Expenditure from corporate funds	Dallas, TX 75229
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Reimbursement - Gift
	Tellibulsellielle Sile
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/24/2025	Grady, Candy (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	4407 Hallmark
Ψ100.00	THO HAMINGIN
Expenditure from corporate funds	Dallas, TX 75229
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  Reimbursement - Speaker Gift
	Reimbulsement - Speaker Gilt
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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 complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/10 Rpt: 8/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
02/26/2025	Highland Consulting LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	301 East Lemmon St.
Expenditure from	Ste. B
corporate funds	Tarpon Springs, FL 34689
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense
	Check if Austin, TX, officeholder living expense  Speaker Fee
	opsilio i os
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	4
Date	Payee name
03/26/2025	Powell, Sidney
Amount (\$)	Payee address; City; State; Zip Code
\$3,800.00	2911 Turtle Creek
	Ste. 300
Expenditure from corporate funds	Dallas, TX 75219
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	Speaker Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<b>y</b>
Date	Payee name
01/02/2025	Smith, Van (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$4.18	14342 Valley Hi Circle
ψ+.10	14042 Valley I'll Ollolo
Expenditure from corporate funds	Farmers Branch, TX 75234
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
	Supplies - Reimbursement
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientare to benefit ever	

#### 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 co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 5/10 Rpt: 9/15	Preston West Republican Women PAC	00017092
4 Date	5 Payee name	•
01/22/2025	Smith, Van (Mrs.)	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$40.00	14342 Valley Hi Circle	
- Evpanditura from		
Expenditure from corporate funds	Farmers Branch, TX 75234	
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
		Rembursement
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held
expenditure to benefit C/OI		Since Hold
Date	Payee name	
04/30/2025	Stripe	
Amount (\$)	Payee address; City; State; Zip Co	de
\$40.10	354 Oyster Point Blvd.	uc
Ψ+0.10	334 Gyster Form Biva.	
Expenditure from corporate funds	South San Francisco , CA 94080	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing Fee
		S
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/31/2025	Stripe	
Amount (\$)	Payee address; City; State; Zip Co	de
\$131.23	354 Oyster Point Blvd.	
	,	
Expenditure from corporate funds	South San Francisco , CA 94080	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Processing Fee
		· ·
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght 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 Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Cor	, , , , , , , , , , , , , , , , , , , ,
,	The Instruction Guide explains how to complete t	this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 10/15	Preston West Republican Women PAC	00017092
4 Date	5 Payee name	
06/30/2025	Stripe	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$175.83	354 Oyster Point Blvd.	
Expenditure from corporate funds	South San Francisco , CA 94080	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF EVENDITUE	Solicitation/Fundraising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Pr	ocessing Fee
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
05/20/2025	Studio Movie Grill	
Amount (\$)	Payee address; City; State; Zip Code	
` *	· · · · · · · · · · · · · · · · · · ·	
\$270.63	13933 N. Central Expy	
Expenditure from		
corporate funds	Dallas, TX 75231	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF	Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
	Re	ental
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		Office field
Date	Payee name	
02/13/2025	Texas Federation of Republican Women	
Amount (\$)	Payee address; City; State; Zip Code	
\$700.00	13740 N. Hwy 184	
\$700.00		
Expenditure from	Ste. J4	
corporate funds	Austin, TX 78750	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	escription
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
	Me	embership Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/O		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal 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
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to co	Ü	,
1 Total pages Schedule F1:	·	•	3 Filer ID (Ethics Commission Filers)
Sch: 7/10 Rpt: 11/15	Preston West Republican Women PAC		00017092
4 Date	5 Payee name		•
04/05/2025	Texas Federation of Republican Women		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$300.00	13740 N. Hwy 184		
	Ste. J4		
Expenditure from corporate funds	Austin, TX 78750		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	escription
OF EXPENDITURE	Fees	l ⊨	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		l L M	lembership Dues
Complete ONLY if direct expenditure to benefit C/Ol	L Candidate/Officeholder name Office sou H	<u>I</u> ıght	Office held
Date	Payee name		
06/19/2025	Texas Federation of Republican Women		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$25.00	13740 N. Hwy 184		
	Ste. J4		
Expenditure from corporate funds	Austin, TX 78750		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription
OF EXPENDITURE	Fees	⊑	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense  Iembership Dues
		''	ioniboronip Buco
Complete <u>ONLY</u> if direct expenditure to benefit C/O	L Candidate/Officeholder name Office sou H	<u>l</u> ıght	Office held
Date	Payee name		
02/13/2025	Theilen, Ellen		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$50.00	12935 Epps Field Rd		
Expenditure from corporate funds	Farmers Branch, TX 75234		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription
OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
		<u> </u>	Check if Austin, TX, officeholder living expense eimbursement Gift
		^	Cimbursement Oilt
Complete ONLY if direct	Candidate/Officeholder name Office sou	labt	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		igiil	Office field

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 8/10 Rpt: 12/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
05/14/2025	Theilen, Ellen
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$50.00	12935 Epps Field Rd
— Foresedit ve from	
Expenditure from corporate funds	Farmers Branch, TX 75234
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Reimbursement - Speaker Gift
	Reimbursement - Speaker Gilt
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/24/2025	Theilen, Ellen
	· · · · · · · · · · · · · · · · · · ·
Amount (\$)	Payee address; City; State; Zip Code
\$240.00	12935 Epps Field Rd
Expenditure from	
corporate funds	Farmers Branch, TX 75234
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
	Reimbulsement
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	David and the second se
Date 01/03/2025	Payee name Theilen, Ellen
	Theilen, Ellen
Amount (\$)	Payee address; City; State; Zip Code
\$127.96	12935 Epps Field Rd
Expenditure from	
corporate funds	Farmers Branch, TX 75234
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
	Rembulsement
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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 9/10 Rpt: 13/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
04/23/2025	Toasty
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$665.35	13605 Midway Rd
- "	
Expenditure from corporate funds	Farmers Branch , TX 75244
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Event Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff of of	'
Date	Payee name
06/19/2025	Tongue N Cheek
Amount (\$)	Payee address; City; State; Zip Code
\$270.63	526 W. Arapaho
Ψ210.00	525 W. / Napano
Expenditure from	F: 1 1 FV 75000
corporate funds	Richardson, TX 75080
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
	Refreshments
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/Oi	1
Date	Payee name
04/21/2025	Venue Forty50
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	4050 Belt Line Road
42,000.00	
Expenditure from	Addison TV 75001
corporate funds	Addison, TX 75001
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Meeting Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belieff C/OI	<u> </u>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/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: 10/10 Rpt: 14/15	Preston West Republican Women PAC 00017092
4 Date	5 Payee name
05/30/2025	Venue Forty50
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$875.00	4050 Belt Line Road
Expenditure from corporate funds	Addison, TX 75001
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
-	Check if Austin, TX, officeholder living expense
	Event Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
oxportantaro to sorione or o	
Date	Payee name
01/10/2025	Wix.com
Amount (\$)	Payee address; City; State; Zip Code
\$31.66	500 Terry A. Francois Blvd
Expenditure from corporate funds	San Francisco , TX 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Website Hosting
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
05/13/2025	Wix.com
Amount (\$)	Payee address; City; State; Zip Code
\$30.14	500 Terry A. Francois Blvd
,,,,,	,
Expenditure from corporate funds	San Francisco , TX 94158
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Website Hosting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 15/15 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Preston West Republican Women PAC 00017092 8 Amount (\$) 5 Name of person from whom amount is received 06/30/2025 \$38.94 North Dallas Bank & Trust Co. 6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75367 Purpose for which amount is received Check if political contribution returned to filer **Earned Interest**