

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00018754	2 Total pages filed: 10	OFFICE USE ONLY	
3 COMMITTEE NAME FirstCash, Inc. Political Action Committee	Date Received ELECTRONICALLY FILED 03/09/2026		Date Hand-delivered or Date Postmarked
4 TREASURER NAME de los Santos, Rocio (Ms.)	Receipt #		Amount
5 ORIGINAL REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report		Date Processed
	<input checked="" type="checkbox"/> Other (specify) <u>July 5</u>		Date Imaged
6 ORIGINAL PERIOD COVERED Month Day Year	THROUGH	Month Day Year	

7 EXPLANATION OF CORRECTION
\$28.00 was added to the total unitemized political contributions which it should be \$0.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Ms. Rocio de los Santos

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME FirstCash, Inc. Political Action Committee	13 Filer ID (Ethics Commission Filers) 00018754
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. 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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 446.18
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 273,577.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 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. Rocio de los Santos
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 - MPAC

17 COMMITTEE NAME FirstCash, Inc. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00018754
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 446.18
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 5/10
2 FILER NAME FirstCash, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00018754
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alverio, CARMEN L. <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60624-2011	7 Amount of Contribution (\$) \$27.27
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alverio, CARMEN L. <hr/> Contributor address; City; State; Zip Code Chicago, IL 60624-2011	Amount of Contribution (\$) \$27.27
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bevan, JOHN R. <hr/> Contributor address; City; State; Zip Code Taylorsville, UT 84118-4588	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International, Inc.
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bevan, JOHN R. <hr/> Contributor address; City; State; Zip Code Taylorsville, UT 84118-4588	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International, Inc.
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coria, ESTEBAN J. <hr/> Contributor address; City; State; Zip Code Arlington, TX 76018-1727	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 6/10
2 FILER NAME FirstCash, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00018754
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coria, ESTEBAN J. <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76018-1727	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrix, ERIC R. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28208	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Market Manager		Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrix, ERIC R. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28208	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Market Manager		Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, NATALIA R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77022-6206	Amount of Contribution (\$) \$27.70
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hernandez, NATALIA R. <hr/> Contributor address; City; State; Zip Code Houston, TX 77022-6206	Amount of Contribution (\$) \$27.70
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 7/10
2 FILER NAME FirstCash, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00018754
4 Date 06/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, JESSE W. <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76134-1844	7 Amount of Contribution (\$) \$25.25
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, JESSE W. <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76134-1844	Amount of Contribution (\$) \$25.25
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, MATTHEW <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46268-5417	Amount of Contribution (\$) \$38.83
Principal occupation / Job title (See Instructions) Market Manager		Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mora, MATTHEW <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46268-5417	Amount of Contribution (\$) \$38.83
Principal occupation / Job title (See Instructions) Market Manager		Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, RICARDO H. <hr/> Contributor address; City; State; Zip Code San Benito, TX 78586-6002	Amount of Contribution (\$) \$24.94
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 8/10
2 FILER NAME FirstCash, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00018754
4 Date 06/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, RICARDO H.	7 Amount of Contribution (\$) \$24.94
	6 Contributor address; City; State; Zip Code San Benito, TX 78586-6002	
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, ALBERTO	Amount of Contribution (\$) \$40.13
	Contributor address; City; State; Zip Code Evergreen Park, IL 60805-1829	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, ALBERTO	Amount of Contribution (\$) \$40.13
	Contributor address; City; State; Zip Code Evergreen Park, IL 60805-1829	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steadmon, CHRISTOPHER S.	Amount of Contribution (\$) \$24.97
	Contributor address; City; State; Zip Code Indianapolis, IN 46254-2877	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International
Date 06/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steadmon, CHRISTOPHER S.	Amount of Contribution (\$) \$24.97
	Contributor address; City; State; Zip Code Indianapolis, IN 46254-2877	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cash America International

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 9/10

2 FILER NAME
FirstCash, Inc. Political Action Committee

3 Filer ID (Ethics Commission Filers)
00018754

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 10/10
2 FILER NAME FirstCash, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00018754
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)