

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL	
OMB Number:	3235-0104
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1. Name and Address of Reporting Person* <u>Rippel Douglas Richard</u>			2. Date of Event Requiring Statement (Month/Day/Year) 12/17/2021		3. Issuer Name and Ticker or Trading Symbol <u>FirstCash Holdings, Inc. [FCFS]</u>		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
1600 WEST 7TH STREET							
(Street) FORT WORTH TX 76102						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	
(City) (State) (Zip)							

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	8,046,252	I	See footnote ⁽¹⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Rippel Douglas Richard</u>		
(Last)	(First)	(Middle)
1600 WEST 7TH STREET		
(Street) FORT WORTH TX 76102		
(City) (State) (Zip)		

1. Name and Address of Reporting Person* <u>Douglas R. Rippel Revocable Trust</u>		
(Last)	(First)	(Middle)
1600 WEST 7TH STREET		
(Street) FORT WORTH TX 76102		
(City) (State) (Zip)		

1. Name and Address of Reporting Person* <u>AFF Services, Inc.</u>		
(Last)	(First)	(Middle)
1600 WEST 7TH STREET		
(Street) FORT WORTH TX 76102		
(City) (State) (Zip)		

Explanation of Responses:

1. These shares are owned directly by AFF Services, Inc., which is partially owned and 100% controlled by Douglas R. Rippel Revocable Trust (the "Trust"). The Trust and Douglas Richard Rippel are indirect beneficial owners of the reported securities.

Remarks:

/s/ R. Douglas Orr, Attorney-In-Fact 01/14/2022
 ** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby constitutes and appoints R. Douglas Orr, signing singly, the undersigned's true and
(1) prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the U.S. Securities and Exchange Commission (SEC)
(2) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of FirstCash Holdings, Inc. (FCH)
(3) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any
(4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be necessary
The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform necessary, or proper exercise of the
This Limited Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5

IN WITNESS WHEREOF, the undersigned has caused this Limited Power of Attorney to be executed as of this 13th day of January 2022.

DOUGLAS R. RIPPEL

By: /s/ Douglas R. RippeL
Name: Douglas R. RippeL

DOUGLAS R. RIPPEL REVOCABLE TRUST

By: /s/ Douglas R. RippeL
Name: Douglas R. RippeL

AFF SERVICES, INC.

By: /s/ Douglas R. RippeL
Name: Douglas R. RippeL