GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

тh	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 00084813 8					:	
3	COMMITTEE NAME					OFFICE US	SE ONLY
	McCulloch County	Republican Women				Date Received ELECTRONICAL 07/01/2023	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE;	ZIP CODE		
	ADDRESS	1825 FM 1028				Date Hand-delivered or D	ate Postmarked
	Change of Address						
		Rochelle, TX 76872-0001				Receipt #	Amount
						Date Processed	
						Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST				MI	
	TREASURER NAME	Linda T.					
		NICKNAME LAST				SUFFIX	
		Roesler				30111X	
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUIT	E#; CITY;	STAT	E; ZIP CODE
ľ	TREASURER	1825 FM 1028				Cirki	2, 2, 0002
	STREET ADDRESS						
	(Residence or Business)	Rochelle, TX 76872					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUI	TE #; CITY;	STA	TE; ZIP CODE
	TREASURER MAILING	1825 FM 1028					
	ADDRESS						
	Change of Address	Rochelle, TX 76872					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION			
	TREASURER PHONE	(325) 792-6054					
9	REPORT TYPE	January 15	0th o	lay before election		Dissolution (Attach	PAC-DR)
			th da	ay before election		10th day after camp	baign treasurer
		X July 15		-	L	termination	°
		U'	Runo	IT			
10	PERIOD	Month Day Year			Nonth Day	Year	
	COVERED	01/21/2023	HR	DUGH	06/30/2023	3	
		ļ					
11	ELECTION	ELECTION DATE			CTION TYPE		
		Month Day Year 05/06/2023	Prim	ary F	Runoff	Other	
			Gen	eral S	pecial		
		GO	то	PAGE 2			
For	ms provided by Tex	kas Ethics Commission www.e	ethic	s.state.tx.us		Version	V3.5.1.a18ea2ca

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
McCulloch County Rep	oublican Women		00084813	
14 COMMITTEE	1. Candidates	A. Supported	0000 /010	
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 (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 M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	956.00
	2. TOTAL POLITICA	·	\$	056.00
	(OTHER THAN PLE	DGES, LOANS, OR GUARANTEES OF LOANS)	Ţ.	956.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	1		I	
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.	rjury, that the a nation required	ccompanying report is to be reported by me
			Roesler	
		Signature of Car	npaign Treasur	er
AFFIX NOTARY	Y STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	dministering oath	Printed name of officer administering oath	Title of offic	er administering oath
Forms provided by Texas I	Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

FORM GPAC
COVER SHEET PG 3

				3 of 8
17 COMM	TTEE NAME	18 Filer ID	(Ethics Commi	ission Filers)
McCul	och County Republican Women	00084813		
	ULE SUBTOTALS DF SCHEDULE		SUBTOT	AL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	956.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LAB ORGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPOR LABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR OR	GANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABO ORGANIZATION	R	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUT	IONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT	IONS	\$	4,463.83
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

SUBTOTALS - GPAC

SCHEDULE |

 2 FILER NAME McCulloch County Republican Women 5 Payee name BRADY National Bank 7 Payee Address; City; State; Zip P. O. BOX 111 	3 Filer ID (Ethics Commission Filers 00084813
BRADY National Bank 7 Payee Address; City; State; Zip	
P. O. BOX 111	
BRADY, TX 76825-0111	
(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required checks
Payee name	
BRADY STANDARD-HEARLD	
Payee Address; City; State; Zip	
P. O. BOX 1151	
BRADY, TX 76825	
(a) Category (See instructions for examples of acceptable categories) Advertising Expense	 (b) Description (See instructions regarding type of information required 300 printed cards to hand out at July 4th parade
Payee name	
Day, Betzy	
Payee Address; City; State; Zip 365 WCR 418	
Brady, TX 76825	
(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required wine tasting fundraiser
Payee name	
Payee name Day, Betzy	
Day, Betzy	
Day, Betzy Payee Address; City; State; Zip	
	Accounting/Banking Payee name BRADY STANDARD-HEARLD Payee Address; City; State; Zip P. O. BOX 1151 BRADY, TX 76825 (a) Category (See instructions for examples of acceptable categories) Advertising Expense Payee name Day, Betzy Payee Address; City; State; Zip 365 WCR 418 Brady, TX 76825 (a) Category (See instructions for examples of acceptable categories)

SCHEDULE I

	Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers
	Sch: 2/5 Rpt: 5/8	McCulloch County Republican Women	00084813
	Date	5 Payee name	· ·
	03/01/2023	Day, Betzy	
	Amount (\$)	7 Payee Address; City; State; Zip	
	19.12	365 WCR 418	
1	Expenditure from		
	corporate funds	Brady, TX 76825	
	PURPOSE OF EXPENDITURE		Description (See instructions regarding type of information required. name tags
	Date	Payee name	
	04/27/2023	Dodds, Mary	
	Amount (\$)	Payee Address; City; State; Zip	
	62.67	P.O. Box 543	
	Expenditure from corporate funds	Brady, TX 76825-0000	
	PURPOSE	(a) Category (See instructions for examples of acceptable categories) (b)	•
	OF EXPENDITURE	Event Expense c	cinco do mayo dinner
	Date	Payee name	
	04/22/2023	Dodds, Mary (Mrs.)	
	Amount (\$)	Payee Address; City; State; Zip	
	65.55	P.O. Box 543	
1	Expenditure from corporate funds	Brady, TX 76825-0000	
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required. cinco de mayo dinner
	Date	Payee name	
	03/16/2023	Dodds, Mary (Mrs.)	
	Amount (\$)	Payee Address; City; State; Zip	
	80.50	P.O. Box 543	
	Expenditure from corporate funds	Brady, TX 76825-0000	
	PURPOSE OF	(a) Category (See instructions for examples of acceptable categories) (b) [Food/Beverage Expense r	Description (See instructions regarding type of information required. neals at meeting

SCHEDULE |

Total pages Schedule I: Sch: 3/5 Rpt: 6/8	2 FILER NAME McCulloch County Republican Women	3 Filer ID (Ethics Commission Filers 00084813
Date 06/20/2023	5 Payee name Lewis, Trinity (Ms.)	
Amount (\$) 500.00	7 Payee Address; City; State; Zip 650 FM 2996	
Expenditure from corporate funds	Brady, TX 76825-0000	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. scholarship for fall 2023
Date 05/09/2023	Payee name NOBLES, DEBBIE (Mrs.)	
Amount (\$)	Payee Address; City; State; Zip	
25.26	P.O. BOX 1409	
Expenditure from corporate funds	BRADY, TX 76825	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required. cinco de mayo dinner
Date	Payee name	
06/16/2023	Patriot Supply Company	
Amount (\$) 200.00	Payee Address; City; State; Zip P O Box 345	
Expenditure from corporate funds	Brady, TX 76825	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. flags for July 4th parade
Date	Payee name	
01/21/2023	RUSHFELDT, KELLEN (Miss)	
Amount (\$)	Payee Address; City; State; Zip 1400 AVE. L	
750.00 Expenditure from corporate funds	CISCO, TX 76437	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required. scholarship

SCHEDULE I

Total pages Schedule I: Sch: 4/5 Rpt: 7/8	2 FILER NAME McCulloch County Republican Women	3 Filer ID (Ethics Commission Filers 00084813
Date 02/22/2023	5 Payee name SANDY'S KITCHEN	
Amount (\$) 216.50 Expenditure from corporate funds	 Payee Address; City; State; Zip 2105 South Bridge Streert Brady, TX 76825-0000 	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required. catering
Date 01/21/2023	Payee name SAUCEDA, Seleste (Miss)	
Amount (\$) 750.00 – Expenditure from	Payee Address; City; State; Zip 1911 Calf Creek Road	
corporate funds PURPOSE OF EXPENDITURE	Brady, TX 76825 (a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	Oescription (See instructions regarding type of information required. scholarship
Date 01/21/2023	Payee name SMITH, HAVEN (Miss)	
Amount (\$) 750.00 Expenditure from	Payee Address; City; State; Zip 90 PR 563 BRADY, TX 76825	
corporate funds PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) (b)	Description (See instructions regarding type of information required. scholarship
Date 02/03/2023	Payee name TFRW	
Amount (\$) 20.00 Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183, Suite J4 Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE		Description (See instructions regarding type of information required. annual service charge

SCHEDULE I

OF Contributions/Donations Made By Candidate/Officeholder/Political Committee dues to state republican party Date Payee name 02/28/2023 Amount (\$) Payee Address; City; State; Zip 25.00 13740 N Highway 183, Suite J4 Purpose Contributions/Donations Made By Corporate funds Austin, TX 78750-1832 PURPOSE (a) Category (See instructors for examples of acceptable categories) OF EXPENDITURE Date Oatedegory (See instructors for examples of acceptable categories) OF Contributions/Donations Made By Contributions/Donations Made By Candidate/Officeholder/Political Committee Date Payee name 04/24/2023 TFRW Amount (\$) Payee ddress; City; State; Zip 25.00 13740 N Highway 183, Suite J4 Purpose (a) Category (See instructors for examples of acceptable categories) (b) Description (b) Description (See instructors regarding type of information required 04/24/2023 TFRW Contributions/Donations Made By Contributions/Donations for examples of acceptable categories) (b) Description Contributions/Donations M	Total pages Schedule I: Sch: 5/5 Rpt: 8/8	2 FILER NAME 3 Filer ID (Ethics Commission Filers 00084813 McCulloch County Republican Women 00084813 00084813
125.00 P. O. Box 11746 Leppenditure from corporate tunds Austin, TX 78717-0041 PURPOSE EXPENDITURE (a) Category time instructions for examples of acceptable categories Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required dues to state republican party Date Payee name 02/28/2023 TFRW Amount (8) Payee Address: City: State; Zip 25.00 13740 N Highway 183, Suite J4 Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description (See instructions regarding type of information required dues Date Payee name 04/24/2023 TFRW Amount (8) Payee name 04/24/2023 TFRW Amount (8) Payee Address; City: State; Zip 025.00 13740 N Highway 183, Suite J4 Expenditure from corporate funds Austin, TX 78750-1832 PURPOSE CONTIDUTIONS/Donations Made By Candidate/Officeholder/Political Committee (b) Description Date Payee name 02/32/2023 TFRW Amount (8) Payee address; City: State; Zip 02/03/2023 TFRW		
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	OF	Contributions/Donations Made By dues for 25 people