

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00084813	<b>2 Total pages filed:</b> 8
<b>3 COMMITTEE NAME</b> McCulloch County Republican Women		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/01/2023	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1825 FM 1028  Rochelle, TX 76872-0001		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Linda T.		
	NICKNAME LAST SUFFIX Roesler		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1825 FM 1028  Rochelle, TX 76872		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1825 FM 1028  Rochelle, TX 76872		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1825 FM 1028  Rochelle, TX 76872		
	AREA CODE PHONE NUMBER EXTENSION (325) 792-6054		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
<b>10 PERIOD COVERED</b>	Month Day Year      THROUGH      Month Day Year 01/21/2023      06/30/2023		
	<b>11 ELECTION</b> ELECTION DATE Month Day Year 05/06/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12</b> COMMITTEE NAME McCulloch County Republican Women	<b>13</b> Filer ID (Ethics Commission Filers) 00084813
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<b>14</b> COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15</b> CONTRIBUTION TOTALS	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	956.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	956.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	0.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	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.

Linda T. Roesler  
\_\_\_\_\_  
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 - GPAC

<b>17 COMMITTEE NAME</b> McCulloch County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00084813
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 956.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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 type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,463.83
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 1/5 Rpt: 4/8	<b>2</b> FILER NAME McCulloch County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00084813
<b>4</b> Date 05/15/2023	<b>5</b> Payee name BRADY National Bank	
<b>6</b> Amount (\$) 28.65 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P. O. BOX 111 BRADY, TX 76825-0111	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Accounting/Banking	<b>(b)</b> Description (See instructions regarding type of information required.) checks
Date 06/20/2023	Payee name BRADY STANDARD-HEARLD	
Amount (\$) 61.49 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P. O. BOX 1151 BRADY, TX 76825	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) 300 printed cards to hand out at July 4th parade
Date 01/21/2023	Payee name Day, Betzy	
Amount (\$) 101.52 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 365 WCR 418 Brady, TX 76825	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) wine tasting fundraiser
Date 02/06/2023	Payee name Day, Betzy	
Amount (\$) 32.57 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 365 WCR 418 Brady, TX 76825	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Advertising Expense	<b>(b)</b> Description (See instructions regarding type of information required.) name tags

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 3/5 Rpt: 6/8	<b>2</b> FILER NAME McCulloch County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00084813
<b>4</b> Date 06/20/2023	<b>5</b> Payee name Lewis, Trinity (Ms.)	
<b>6</b> Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip 650 FM 2996 Brady, TX 76825-0000	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) scholarship for fall 2023
Date 05/09/2023	Payee name NOBLES, DEBBIE (Mrs.)	
Amount (\$) 25.26 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 1409 BRADY, TX 76825	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Event Expense	<b>(b)</b> Description (See instructions regarding type of information required.) cinco de mayo dinner
Date 06/16/2023	Payee name Patriot Supply Company	
Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P O Box 345 Brady, TX 76825	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) flags for July 4th parade
Date 01/21/2023	Payee name RUSHFELDT, KELLEN (Miss)	
Amount (\$) 750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1400 AVE. L CISCO, TX 76437	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	<b>(b)</b> Description (See instructions regarding type of information required.) scholarship

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

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

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I: Sch: 5/5 Rpt: 8/8	<b>2</b> FILER NAME McCulloch County Republican Women	<b>3</b> Filer ID (Ethics Commission Filers) 00084813
<b>4</b> Date 02/03/2023	<b>5</b> Payee name TFRW	
<b>6</b> Amount (\$) 125.00 <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee Address; City; State; Zip P. O. Box 11746  Austin, TX 78717-0041	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) dues to state republican party
Date 02/28/2023	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183, Suite J4  Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) dues
Date 04/24/2023	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183, Suite J4  Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) dues
Date 02/03/2023	Payee name TFRW	
Amount (\$) 625.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13740 N Highway 183, Suite J4  Austin, TX 78750-1832	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description (See instructions regarding type of information required.) dues for 25 people