

# 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) 00017086	<b>2 Total pages filed:</b> 8
<b>3 COMMITTEE NAME</b> Memorial West Republican Women PAC		<b>OFFICE USE ONLY</b>	
		Date Received ELECTRONICALLY FILED 07/17/2023	
<b>4 COMMITTEE ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7418 San Ramon Dr  Houston, TX 77083		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST MI Deborah		
	NICKNAME LAST SUFFIX Cupples		
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7418 San Ramon Drive  Houston, TX 77083		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (713) 819-5781		
	REPORT TYPE <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>9 REPORT TYPE</b>	PERIOD COVERED Month Day Year      THROUGH      Month Day Year 01/01/2023      06/30/2023		
<b>10 PERIOD COVERED</b>	ELECTION ELECTION DATE      ELECTION TYPE Month Day Year <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 COMMITTEE NAME</b> Memorial West Republican Women PAC	<b>13 Filer ID</b> (Ethics Commission Filers) 00017086
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<b>14 COMMITTEE ACTIVITY</b>  (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 CONTRIBUTION TOTALS</b>	<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	\$	2,979.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5,579.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	1,438.39
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$	3,752.38
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	15,117.27
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.

Deborah Cupples  
\_\_\_\_\_  
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****FORM GPAC**  
**COVER SHEET PG 3**  
3 of 8

<b>17 COMMITTEE NAME</b> Memorial West Republican Women PAC		<b>18 Filer ID</b> 00017086	(Ethics Commission Filers)
<b>19 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,579.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,752.38
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 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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/3 Rpt: 4/8
<b>2</b> FILER NAME Memorial West Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00017086
<b>4</b> Date 06/20/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Amy Peck Campaign <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77280-0240	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ericka Joy McCrutcheon Campaign Fund <hr/> Contributor address; City; State; Zip Code  Houston, TX 77089	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joe Danna Campaign Account <hr/> Contributor address; City; State; Zip Code  Houston, TX 77292	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) M J Khan for Mayor <hr/> Contributor address; City; State; Zip Code  Houston, TX 77257-2808	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mano DeAyala Campaign Fund <hr/> Contributor address; City; State; Zip Code  Houston, TX 77024	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/8
2 FILER NAME Memorial West Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00017086
4 Date 06/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mary Nan Huffman Campaign	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code  Houston, TX 77046	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Michael Kubosh Campaign Account	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77007-7717	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Paul Bettencourt Campaign Fund	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77046	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Roy Morales for Houston At-Large 4 Campaign	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77006	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 06/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Latino Conservatives PAC	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code  Houston, TX 77219-0853	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/3 Rpt: 6/8
<b>2</b> FILER NAME Memorial West Republican Women PAC		<b>3</b> Filer ID (Ethics Commission Filers) 00017086
<b>4</b> Date 06/01/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tom Ramsey Campaign <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77234	<b>7</b> Amount of Contribution (\$)  \$200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 06/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) William Mike Knox <hr/> Contributor address; City; State; Zip Code  Houston, TX 77055-4404	Amount of Contribution (\$)  \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 7/8	<b>2</b> FILER NAME Memorial West Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00017086
<b>4</b> Date 06/20/2023	<b>5</b> Payee name Graphics Impression	
<b>6</b> Amount (\$) \$583.47  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 6720 Sands Point Dr., Suite 103  Houston, TX 77074	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Directory 2023
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Hansen, Dell (Mrs.)	
Amount (\$) \$350.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 561 Rancho Bauer  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursement for March Meeting at Los Tios
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/09/2023	Payee name Los Tios Mexican Restaurant	
Amount (\$) \$336.72  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14006 Memorial Dr.  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense January Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 8/8	<b>2</b> FILER NAME Memorial West Republican Women PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00017086
<b>4</b> Date 02/08/2023	<b>5</b> Payee name Los Tios Mexican Restaurant	
<b>6</b> Amount (\$) \$428.31  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 14006 Memorial Dr.  Houston, TX 77079	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense February Meeting
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/03/2023	Payee name Los Tios Mexican Restaurant	
Amount (\$) \$309.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14006 Memorial Dr.  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense April Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/01/2023	Payee name Los Tios Mexican Restaurant	
Amount (\$) \$305.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 14006 Memorial Dr.  Houston, TX 77079	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense May Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held