

**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</b> Filer ID (Ethics Commission Filers) 00084986	<b>2</b> Total pages filed: 9	
<b>3</b> COMMITTEE NAME Medina County Republican Women			<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address  ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 901 N. Windy Knoll Dr.  Devine, TX 78016			Date Received ELECTRONICALLY FILED 02/05/2024	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME		MS / MRS / MR	FIRST	MI
			Lynda	
		NICKNAME	LAST	SUFFIX
			Mikulenka	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
		901 Windy Knoll Dr.		Devine, TX 78016
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
		901 Windy Knoll Dr.		Devine, TX 78016
<b>8</b> CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION
		(210)	279-8948	
<b>9</b> REPORT TYPE		<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
		<input 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</b> PERIOD COVERED		Month Day Year	THROUGH	Month Day Year
		07/01/2023		12/31/2023
<b>11</b> ELECTION		ELECTION DATE	ELECTION TYPE	
		Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		12/31/2023	<input type="checkbox"/> General	<input checked="" type="checkbox"/> Other
				Semi annual filing GPAC

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Medina County Republican Women	<b>13 Filer ID</b> (Ethics Commission Filers) 00084986
--	---

<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	\$	0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	338.00
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>	\$	1,350.08
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.

Lynda Mikulenska  
\_\_\_\_\_  
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> Medina County Republican Women		<b>18 Filer ID</b> (Ethics Commission Filers) 00084986
<b>19 SCHEDULE SUBTOTALS</b>		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 338.00
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,802.56
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: 1/2 Rpt: 4/9
<b>2</b> FILER NAME Medina County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00084986
<b>4</b> Date 07/19/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associate Membership, <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$) \$15.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Associate Membership, <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Donation, <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Membership, <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Membership, <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$) \$40.00
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>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
<b>2</b> FILER NAME Medina County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00084986
<b>4</b> Date 08/03/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mugs, <hr/> <b>6</b> Contributor address; City; State; Zip Code  TX	<b>7</b> Amount of Contribution (\$)  \$48.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 08/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) T-shirt, <hr/> Contributor address; City; State; Zip Code  TX	Amount of Contribution (\$)  \$160.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 6/9

2 FILER NAME  
Medina County Republican Women

3 Filer ID (Ethics Commission Filers)  
00084986

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 7/9
<b>2</b> FILER NAME Medina County Republican Women		<b>3</b> Filer ID (Ethics Commission Filers) 00084986
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 8/9		2 FILER NAME Medina County Republican Women		3 Filer ID (Ethics Commission Filers) 00084986	
4 Date 07/06/2023		5 Payee name Embroidery T-Shirt,			
6 Amount (\$) 86.60 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip  TX			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Advertising Expense		(b) Description (See instructions regarding type of information required.) Embroidery	
Date 07/06/2023		Payee name Monthly. Meeting Expense ,			
Amount (\$) 41.54 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip  TX			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) March Meeting	
Date 07/06/2023		Payee name T-Shirt,			
Amount (\$) 106.92 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip  TX			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) Advertising Expense		(b) Description (See instructions regarding type of information required.) Purchase t-shirts	
Date 12/05/2023		Payee name TFRW Convention ,			
Amount (\$) 1,097.50 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip  TX			
<b>PURPOSE OF EXPENDITURE</b>		(a) Category (See instructions for examples of acceptable categories) TFRW Convention		(b) Description (See instructions regarding type of information required.) Pat, Convention expenses	



# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/2 Rpt: 9/9	2 FILER NAME Medina County Republican Women	3 Filer ID (Ethics Commission Filers) 00084986
4 Date 12/05/2023	5 Payee name TFRW Convention ,	
6 Amount (\$)  195.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip  TX	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) TFRW	(b) Description (See instructions regarding type of information required.) Thelma Convention Expenses
Date 08/23/2023	Payee name TFRW Dues,	
Amount (\$)  275.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip  TX	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories) TFRW	(b) Description (See instructions regarding type of information required.) Dues