FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016915 3 COMMITTEE NAME **OFFICE USE ONLY** Nacogdoches County Republican Women Date Received **ELECTRONICALLY FILED** 10/03/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 628 N University #187 Date Hand-delivered or Date Postmarked Change of Address Nacogdoches, TX 75961 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mary NAME NICKNAME LAST **SUFFIX** Hutchison STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7015 FM 2609 STREET **ADDRESS** (Residence or Business) Nacogdoches, TX 75965 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7015 FM 2609 MAILING **ADDRESS** Nacogdoches, TX 75965 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 560-9459 **PHONE** REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
			00016915	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Republican		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	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 IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	5,134.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)			5,134.50
EXPENDITURE TOTALS			\$	1,060.52
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,992.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	22,090.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	0.00
16 AFFIDAVIT			·	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mary H	utchison	
		Signature of Car	mpaign Treasure	r
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
		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 5
17 COMM Nacod		EE NAME hes County Republican Women	18 Filer ID 00016915	(Ethics Commission Filers)
19 SCHEI NAME	DULE	SUBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,134.50
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.	5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION			\$
6.		\$		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 3,992.79
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

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

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ment Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense extenses and listed above)

Candidate/Officeholder/Politica Credit Card Payment		OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 4/5	Nacogdoches County Republican Women	00016915
4 Date	5 Payee name	•
08/20/2024	Butchko, Kay	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$285.00	3631 Broadmoor Blvd.	
Expenditure from corporate funds	Nacogdoches, TX 75965	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF		el outside of Texas. Complete Schedule T.
EXPENDITURE		tin, TX, officeholder living expense
	Pins, bumpe	er stickers for Trump
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held
experiditure to benefit C/Or		
Date	Payee name	
09/26/2024	Clark, Lynn	
Amount (\$)	Payee address; City; State; Zip Code	
\$446.00	3496 County Road 915	
Expenditure from corporate funds	Nacogdoches, TX 75964	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Continuations/Bonations wade by	el outside of Texas. Complete Schedule T. tin, TX, officeholder living expense
	Caradato/Cincorolaci/i ciacaa Committee	f items for Caring For America donated to
	Texas Board	
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI		Silies field
Doto		
Date 07/31/2024	Payee name Design Grapgics	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,228.64	12404 Hwy 155 South	
Expenditure from corporate funds	Tyler, TX 75703	
PURPOSE		
OF	(a) Category (See Categories listed at the top of this schedule) Printing of yard signs (b) Description Check if trave	el outside of Texas. Complete Schedule T.
EXPENDITURE		tin, TX, officeholder living expense
	Printing of y	ard signs for Donald Trump
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
experiulture to beriefft C/Of	п	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Gift/Awa Committee Legal Se	verage Expense rds/Memorials Expense ervices struction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contra s how to complete this		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 2/2 Rpt: 5/5		unty Republican Wo	omen		00016915	
4	Date	5 Payee name			I		
	09/26/2024	Ward, Rhonda					
6	Amount (\$)	7 Payee address;	City; Stat	e; Zip Code			
	\$972.63	749 CR 234					
	Expenditure from corporate funds	Nacogdoches, TX	75961				
8	PURPOSE	(a) Category (See Catego	ories listed at the top of this s	chedule) (b) Desc	cription		
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Printing of Trump yard signs							
				'	ang or rrain	ip yara signs	
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officehold	er name	Office sought		Office he	eld