

# 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<br>(Ethics Commission Filers)<br>00067358 | <b>2</b> Total pages filed:<br>8                                                                                                                                                                 |
| <b>3</b> COMMITTEE NAME<br>Bell County Texas Democratic Women                                 |                                                                                                                                                                                                        | <b>OFFICE USE ONLY</b>                                      |                                                                                                                                                                                                  |
|                                                                                               |                                                                                                                                                                                                        | Date Received<br>ELECTRONICALLY FILED<br>10/28/2024         |                                                                                                                                                                                                  |
| <b>4</b> COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 1426<br><br>Belton, TX 76513                                                                                                        |                                                             |                                                                                                                                                                                                  |
|                                                                                               | Date Hand-delivered or Date Postmarked                                                                                                                                                                 |                                                             |                                                                                                                                                                                                  |
|                                                                                               | Receipt #                                                                                                                                                                                              | Amount                                                      |                                                                                                                                                                                                  |
|                                                                                               | Date Processed                                                                                                                                                                                         |                                                             |                                                                                                                                                                                                  |
|                                                                                               |                                                                                                                                                                                                        | Date Imaged                                                 |                                                                                                                                                                                                  |
| <b>5</b> CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR FIRST MI<br>Mrs. Shelley                                                                                                                                                                 |                                                             |                                                                                                                                                                                                  |
|                                                                                               | NICKNAME LAST SUFFIX<br>Burilison                                                                                                                                                                      |                                                             |                                                                                                                                                                                                  |
| <b>6</b> CAMPAIGN TREASURER STREET ADDRESS<br><br>(Residence or Business)                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1401 Kiskadee Branch Road<br><br>Temple, TX 76502                                                                           |                                                             |                                                                                                                                                                                                  |
|                                                                                               | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1401 Kiskadee Branch Road<br><br>Temple, TX 76502                                                                                            |                                                             |                                                                                                                                                                                                  |
| <b>7</b> CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>1401 Kiskadee Branch Road<br><br>Temple, TX 76502                                                                                            |                                                             |                                                                                                                                                                                                  |
|                                                                                               | AREA CODE PHONE NUMBER EXTENSION<br>(907) 398-1293                                                                                                                                                     |                                                             |                                                                                                                                                                                                  |
| <b>9</b> REPORT TYPE                                                                          | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)                                                             |                                                             |                                                                                                                                                                                                  |
|                                                                                               | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                             |                                                                                                                                                                                                  |
| <b>10</b> PERIOD COVERED                                                                      | Month Day Year      THROUGH      Month Day Year<br>09/27/2024           10/26/2024                                                                                                                     |                                                             |                                                                                                                                                                                                  |
|                                                                                               | <b>11</b> ELECTION<br><br>ELECTION DATE<br>Month Day Year<br>11/05/2024                                                                                                                                |                                                             | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |

**GO TO PAGE 2**

# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                |                                                           |
|----------------------------------------------------------------|-----------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Bell County Texas Democratic Women | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00067358 |
|----------------------------------------------------------------|-----------------------------------------------------------|

|                                                                                                         |                                                                                              |              |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|                                                                                                         |                                                                                              | B. Opposed   |
|                                                                                                         | <b>3. Officeholders Assisted</b><br>(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> | \$ | 0.00     |
|                               | <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold                                 |    |          |
|                               | <b>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>                                                  | \$ | 60.00    |
| 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>                                                | \$ | 4,059.12 |
| 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.

Mrs. Shelley Burilison  
\_\_\_\_\_  
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><br>Bell County Texas Democratic Women |                                                                                                                        | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00067358 |
| <b>19 SCHEDULE SUBTOTALS</b>                                   |                                                                                                                        | <b>SUBTOTAL AMOUNT</b>                                    |
|                                                                | NAME OF SCHEDULE                                                                                                       |                                                           |
| 1.                                                             | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 60.00                                                  |
| 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                | \$ 30.00                                                  |
| 15.                                                            | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.33                                                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                           |                                                                                                                                                                                                          |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>          |                                                                                                                                                                                                          | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/8   |
| <b>2</b> FILER NAME<br>Bell County Texas Democratic Women                 |                                                                                                                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067358 |
| <b>4</b> Date<br>10/24/2024                                               | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Broughton, Lori (Mrs.)<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Temple, TX 76502 | <b>7</b> Amount of Contribution (\$)<br><br>\$10.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Homemaker |                                                                                                                                                                                                          | <b>9</b> Employer (See Instructions)<br>not employed     |
| Date<br>10/24/2024                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hommel, Solange<br><hr/> Contributor address; City; State; Zip Code<br><br>Killeen, TX 76542                         | Amount of Contribution (\$)<br><br>\$10.00               |
| Principal occupation / Job title (See Instructions)<br>Retired            |                                                                                                                                                                                                          | Employer (See Instructions)<br>Retired                   |
| Date<br>10/19/2024                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Lara, Elizabeth<br><hr/> Contributor address; City; State; Zip Code<br><br>Temple, TX 76502                          | Amount of Contribution (\$)<br><br>\$40.00               |
| Principal occupation / Job title (See Instructions)<br>retired            |                                                                                                                                                                                                          | Employer (See Instructions)<br>retired                   |

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:  
Sch: 1/1 Rpt: 5/8

2 FILER NAME  
Bell County Texas Democratic Women

3 Filer ID (Ethics Commission Filers)  
00067358

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:<br>Sch: 1/1 Rpt: 6/8                                                                  |
| <b>2</b> FILER NAME<br>Bell County Texas Democratic Women                  |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067358                                                               |
| <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<br><input type="checkbox"/> None       |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><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.

|                                                                                            |                                                                                                        |                                                                                                          |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule I:<br>Sch: 1/1 Rpt: 7/8                                      | <b>2</b> FILER NAME<br>Bell County Texas Democratic Women                                              | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067358                                                 |
| <b>4</b> Date<br>10/10/2024                                                                | <b>5</b> Payee name<br>TEXAS DEMOCRATIC WOMEN                                                          |                                                                                                          |
| <b>6</b> Amount (\$)<br>30.00<br><input type="checkbox"/> Expenditure from corporate funds | <b>7</b> Payee Address; City; State; Zip<br>Joyce Franklin<br>4609 Pangolin Dr<br>Fort Worth, TX 76244 |                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                                            | <b>(a)</b> Category (See instructions for examples of acceptable categories)<br>Membership             | <b>(b)</b> Description (See instructions regarding type of information required.)<br>Dues for Membership |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

|                                                                                                        |                                                                            |                                                                            |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                       |                                                                            | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 8/8                      |
| <b>2</b> FILER NAME<br>Bell County Texas Democratic Women                                              |                                                                            | <b>3</b> Filer ID (Ethics Commission Filers)<br>00067358                   |
| <b>4</b> Date<br>09/30/2024                                                                            | <b>5</b> Name of person from whom amount is received<br>Heart of Texas FCU | <b>8</b> Amount (\$)<br>\$0.33                                             |
| <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>Dallas, TX 75265 |                                                                            |                                                                            |
| <b>7</b> Purpose for which amount is received<br>interest earned                                       |                                                                            | <input type="checkbox"/> Check if political contribution returned to filer |