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) 00016604 3 COMMITTEE NAME **OFFICE USE ONLY** Williamson County Republican Women - PAC Date Received **ELECTRONICALLY FILED** 01/07/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 342 Date Hand-delivered or Date Postmarked Change of Address Round Rock, TX 78680 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pamela NAME NICKNAME LAST **SUFFIX** Sherrin STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3337 Rod Carew Drive STREET **ADDRESS** (Residence or Business) Round Rock, TX 78665 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3337 Rod Carew Drive MAILING **ADDRESS** Round Rock, TX 78665 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (210) 386-8880 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **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 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/04/2025 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

Williamson County Republican Women - PAC 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (Image: Paper and Paper	TTEE NAME					13 Filer ID	(Ethics	Commission File	rs)
1. Candidates (destify by name or, if applicable, classify by party.) A. Supported		ın Women - PAC					•		-
ACTIVITY (Attach lists on plain pager to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by parry.) B. Opposed 5. CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY.) CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 5. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			A. Supported			<u> </u>			
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BALANCE OF THE REPORTING PERIOD \$ 1, OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE	4. T	OTAL POLITICAL	EXPENDITU	JRES		\$		2,13	6.02
I				S MAINTAINED AS	S OF THE LAST	DAY \$		1,74	5.86
					LOANS AS OF	THE \$			0.00
6 AFFIDAVIT	<u>I</u> √IT								
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.			tru	ue and correct and	includes all infor				
Pamela Sherrin									
Signature of Campaign Treasurer					Signature of Ca	ampaign Treas	surer		
AFFIX NOTARY STAMP / SEAL ABOVE	AFFIX NOTARY STAM	IP / SEAL ABOVE							
Sworn to and subscribed before me, by the said, this the day	to and subscribed before	e me, by the said			, t	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	lature of officer administ	ering oath Pr	rinted name of	officer administerir	ng oath	Title of of	ficer admini	stering oath	-

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 3 of 10

				3 of 10
17 COMMITTEE NAME 18 Filer ID				sion Filers)
Williamso	00016604			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL	_ AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	764.50
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$		
9. X	SCHEDULE E: LOANS		\$	0.00
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	2,136.02
11. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	
			•	

PLEC	OGED CONTRIBUTIONS		SCHEDULE B
TI	he Instruction Guide explains how to cor	nplete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/10
2 FILER NA	AME on County Republican Women - PAC		3 Filer ID (Ethics Commission Filers) 00016604
<u></u>	OF UNITEMIZED PLEDGES		\$ 0.0
5 Date	6 Full name of pledgorout-of-state PAC 7 Pledgor Address; City; State; Zip of		8 Amount of pledge (\$) 9 In-kind description (If applicable)
		1	Check if travel outside of Texas. Complete Schedule
10 Principal	occupation / Job title (See Instructions)	11 Employer (See In:	structions)

	LOANS					SCHEDUL	E E
	The Instruction	on Guide explains how	to complete this f	orm.	1	ages Schedule E: /1 Rpt: 5/10	
2	FILER NAME Williamson Cour	nty Republican Women - PA	AC		3 Filer ID 00016	(Ethics Commission I	-ilers)
4	TOTAL OF UN	IITEMIZED LOANS			1	\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
6	Is lender a financial institution?	8 Lender address; Ci	ty; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	s)		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarantee	ed (\$)
	not applicable	18 Guarantor address; Ci	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1: Sch: 1/5 Rpt: 6/10	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williamson County Republican Women - PAC 00016604
•	, i
4 Date	5 Payee name
07/05/2024	AS Awards
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$25.33	3246 Corrigan Lane
Expenditure from	Dound Dook TV 70665
corporate funds	Round Rock, TX 78665
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Name tags
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
09/25/2024	AS Awards
Amount (\$)	Payee address; City; State; Zip Code
\$12.67	
\$12.07	3246 Corrigan Lane
Expenditure from	
corporate funds	Round Rock, TX 78665
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Office Overhead/Rental Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Name tags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
10/15/2024	AS Awards
Amount (\$)	Payee address; City; State; Zip Code
\$12.67	3246 Corrigan Lane
Evan diture from	
Expenditure from corporate funds	Round Rock, TX 78665
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Name tags
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/5 Rpt: 7/10 Williamson County Republican Women - PAC 00016604 4 Date Payee name 07/15/2024 **Constant Contact** 6 Amount (\$) Payee address; State; Zip Code \$30.91 1601 Trapelo Road Expenditure from Waltham, MA 02451 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Newsletter service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/03/2024 **Constant Contact** Amount (\$) Payee address; City; State; Zip Code \$30.91 1601 Trapelo Road Expenditure from Waltham, MA 02451 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Newsletter service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/01/2024 **Constant Contact** Amount (\$) Payee address: City; State; Zip Code \$30.91 1601 Trapelo Road Expenditure from corporate funds Waltham, MA 02451 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Newsletter service Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
Credit Gard Layment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 3/5 Rpt: 8/10	2 FILER NAME Williamson County Republican Women - PAC 3 Filer ID (Ethics Commission Filers) 00016604	
4 Date	5 Payee name	_
11/01/2024	Constant Contact	
6 Amount (\$) \$30.91	7 Payee address; City; State; Zip Code 1601 Trapelo Road	
Expenditure from corporate funds	Waltham, MA 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newsletter Service	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
12/02/2024	Constant Contact	
Amount (\$)	Payee address; City; State; Zip Code	_
\$30.91	1601 Trapelo Road	
Expenditure from corporate funds	Waltham, MA 02451	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newsletter Service	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	_
08/01/2024	Harwig, Monica	
Amount (\$) \$208.52	Payee address; City; State; Zip Code 1805 Great Oaks	
Expenditure from corporate funds	Round Rock, TX 78681	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Paid for Constant Contact Service	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 9/10	Williamson County Republican Women - PAC 00016604
4 Date	5 Payee name
07/12/2024	Sirloin Stockade
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$12.00	1723 I-35
Expenditure from corporate funds	Round Rock, TX 78664
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Speaker lunch
	Speaker latteri
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
12/31/2024	Square, Inc
Amount (\$)	Payee address; City; State; Zip Code
\$2.98	1455 Market Street
Expenditure from corporate funds	San Francisco, CA 94103-1331
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense CC fees
	CC lees
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
Date	Payee name
08/27/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$25.30	13740 N. Highway183
	J4
Expenditure from corporate funds	Austin, TX 78750-1832
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Fees to state organization.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenoider/Politica 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: 5/5 Rpt: 10/10	Williamson County Republican Women - PAC 00016604
4 Date	5 Payee name
12/31/2024	US Postmaster
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$182.00	Sam Bass
Expenditure from corporate funds	Round Rock, TX 78680
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PO Box Rent - annual
	FO Box Rent - annual
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Davisa nama
	Payee name Williamson County COR
12/31/2024	Williamson County GOP
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	P.O. Box 393
Expenditure from corporate funds	Georgetown, TX 78680
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Table at Reagan Dinner
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	