

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|---|--|--|----------------------------------|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00084813 | 2 Total pages filed: 7 |
| 3 COMMITTEE NAME McCulloch County Republican Women | | OFFICE USE ONLY | |
| | | Date Received ELECTRONICALLY FILED 01/10/2025 | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P O Box 1409 Brady, TX 76825 | |
| | | Date Hand-delivered or Date Postmarked | |
| | | Receipt # | Amount |
| | | Date Processed | |
| | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | | MS / MRS / MR FIRST MI Mrs. Debbie NICKNAME LAST SUFFIX Nobles | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1300 CR 202 Brady, TX 76825 | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1409 Brady, TX 76825 | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE PHONE NUMBER EXTENSION (432) 559-3733 | |
| 9 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 | |
| 10 PERIOD COVERED | | Month Day Year Month Day Year 07/01/2024 THROUGH 12/31/2024 | |
| 11 ELECTION | | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|---|---|
| 12 COMMITTEE NAME McCulloch County Republican Women | 13 Filer ID (Ethics Commission Filers) 00084813 |
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| 14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported |
| | | B. Opposed |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported |
| | | B. Opposed |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | |

| | | | |
|-------------------------------|---|----|----------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ | 4,021.34 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 4,166.34 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 2,074.50 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 3,711.98 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 5,390.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 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. Debbie Nobles

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 7

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|---|---|--------------------------------|----------------------------|
| 17 COMMITTEE NAME McCulloch County Republican Women | | 18 Filer ID 00084813 | (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 4,166.34 |
| 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 | \$ | 3,711.98 |
| 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

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/7 |
| 2 FILER NAME McCulloch County Republican Women | | 3 Filer ID (Ethics Commission Filers) 00084813 |
| 4 Date 08/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARLTON, LUAN (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code LOHN, TX 76852 | 7 Amount of Contribution (\$) \$145.00 |
| 8 Principal occupation / Job title (See Instructions) RANCHER | | 9 Employer (See Instructions) self |

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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/7 | 2 FILER NAME McCulloch County Republican Women | 3 Filer ID (Ethics Commission Filers) 00084813 |
| 4 Date 07/17/2024 | 5 Payee name BRADY STANDARD-HEARLD | |
| 6 Amount (\$) \$94.78 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P. O. BOX 1151 BRADY, TX 76825 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense print flyers for July 4 parade |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/22/2024 | Payee name BRADY STANDARD-HEARLD | |
| Amount (\$) \$176.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code P. O. BOX 1151 BRADY, TX 76825 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense campaign ad for local Republican candidates |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/05/2024 | Payee name Chicken Express | |
| Amount (\$) \$378.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 2206 S Bridge St Brady, TX 76825 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense lunches for poll workers |
| 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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/7 | 2 FILER NAME McCulloch County Republican Women | 3 Filer ID (Ethics Commission Filers) 00084813 |
| 4 Date 08/13/2024 | 5 Payee name McBride, Riley (Miss) | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code Parkway Drive Brady, TX 76825 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense scholarship recipient |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 07/07/2024 | Candidate/Officeholder name McDonald, Ingrid (Mrs.) | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought Office held | |
| Date 10/04/2024 | Candidate/Officeholder name Nobles, Debbie | |
| Amount (\$) \$138.70 <input type="checkbox"/> Expenditure from corporate funds | Office sought Office held | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense paid expenses to attend state convention |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/04/2024 | Candidate/Officeholder name Nobles, Debbie | |
| Amount (\$) \$138.70 <input type="checkbox"/> Expenditure from corporate funds | Office sought Office held | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense stamps for letters to Arizona |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/7 | 2 FILER NAME McCulloch County Republican Women | 3 Filer ID (Ethics Commission Filers) 00084813 |
| 4 Date 10/24/2024 | 5 Payee name Vargas, Joseph (Mr.) | |
| 6 Amount (\$) \$150.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code P O Box 5304 San Angelo, TX 76902 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense speaker fee |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |