#### 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) 00083190 3 COMMITTEE NAME **OFFICE USE ONLY** San Angelo Republican Women Date Received **ELECTRONICALLY FILED** 01/14/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO BOX 62472 Date Hand-delivered or Date Postmarked Change of Address San Angelo, TX 76906 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Guadalupe NAME NICKNAME LAST **SUFFIX** Gomez STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3825 Tridens Trl. STREET **ADDRESS** (Residence or Business) San Angelo, TX 76904 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3825 Tridens Trl. MAILING **ADDRESS** San Angelo, TX 76904 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (325) 227-5730 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** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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)
San Angelo Republicar	women		00083190	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		
(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		
		в. Оррозец		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M  x check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	1,472.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,472.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	499.90	
	4. TOTAL POLITICA	\$	2,615.02	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,740.08
OUTSTANDING LOAN TOTALS	1	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Guadalu	pe Gomez	
		Signature of Ca	mpaign Treasu	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tl	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

### **SUBTOTALS - GPAC**

# FORM GPAC COVER SHEET PG 3

3 of 8

E NAME	18 Filer ID							
	10 The ID	(Ethics Commiss	sion Filers)					
San Angelo Republican Women 00083190								
NAME OF SCHEDULE								
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,472.00					
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00					
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00					
SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$						
SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$						
SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$						
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION								
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION								
SCHEDULE E: LOANS		\$	0.00					
SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	2,615.02					
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00					
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD								
SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$						
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$						
	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOORGANIZATION  SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION  SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE F4: EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F5: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F6: EXPENDITURES MADE BY CREDIT CARD	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE F4: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	SUBTOTAL  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  \$  \$  \$CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  \$  \$CHEDULE B: PLEDGED CONTRIBUTIONS  \$  \$  \$CHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$					

PLE	OGED CONTRIBU	TIONS			SCHEDU	LE B		
T	he Instruction Guide exp	lains how to compl	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/8			
2 FILER N				3	3 Filer ID (Ethics Commission Filers)			
Δ	elo Republican Women			+	00083190			
TOTAL	OF UNITEMIZED PLEDG	SES			\$	0.00		
<b>5</b> Date	6 Full name of pledgor	out-of-state PAC (ID#	f:	_) 8	Amount of pledge (\$) 9 In-kind descrip (If applicable	otion e)		
	7 Pledgor Address;	City; State; Zip Code	9					
			1	<u> </u>	Check if travel outside of Texas. Complete	e Schedule T		
10 Principal	occupation / Job title (See Instru	ctions)	11 Employer (See In:	structi	ions)			

	LOANS					SCHEDU	LE <b>E</b>
	The Instruction	on Guide explains how t	1 Total pages Schedule E: Sch: 1/1 Rpt: 5/8				
	FILER NAME San Angelo Rep	oublican Women		3 Filer ID 00083:	(Ethics Commission	Filers)	
4	TOTAL OF UN	IITEMIZED LOANS				\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)	
i	Is lender a financial institution?	8 Lender address; Cit	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	
	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guarante	eed (\$)
	not applicable	<b>18</b> Guarantor address; Cit	ty; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instruction	s)	1	

## 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 Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Expense Travel in Distric Expense Travel Out of Di Wages/Contract Labor OTHER (enter a

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

	Candidate/Officeholder/Politica Credit Card Payment	l Cor	nmittee Legal Services Salaries/Wager The Instruction Guide explains how to compl		
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 6/8		San Angelo Republican Women	00083190	
4	Date	5	Payee name		
	12/17/2024		Angelo State University		
6	Amount (\$)	7	Payee address; City; State; Zip Code		
	\$300.00		2601 W. Ave. N		
	Expenditure from corporate funds		San Angelo, TX 76909		
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	) г	Description
	OF	``	Contributions/Donations Made By	, Ξ	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Political Committee	Ē	Check if Austin, TX, officeholder living expense
				S	Scholarship Donation in Marvie Raders name
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought	t	Office held
	Date		Payee name		
	11/11/2024		Texas Federation of Republican Women		
	Amount (\$)		Payee address; City; State; Zip Code		
	\$531.30		PO Box 171146		
	Expenditure from corporate funds		Austin, TX 78717		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	) [	Description
	OF EXPENDITURE		Fees	Ē	Check if travel outside of Texas. Complete Schedule T.
				Ļ	Check if Austin, TX, officeholder living expense  Membership Dues
				11	wembership bues
	Complete ONLY if direct		Candidate/Officeholder name Office sought		Office held
	expenditure to benefit C/OI	Н	Ç		
	Date		Payee name		
	12/06/2024		Texas Federation of Republican Women		
			•		
	Amount (\$)		Payee address; City; State; Zip Code		
	\$278.30		PO Box 171146		
_	T Expenditure from				
L	corporate funds		Austin, TX 78717		
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)	) [	Description
	OF EXPENDITURE		Fees		Check if travel outside of Texas. Complete Schedule T.
				Ļ	Check if Austin, TX, officeholder living expense
				I۱	Membership Dues
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name Office sought	t	Office held
	experientare to benefit 6/01	•			

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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 Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services SalariesM  The Instruction Guide explains how to co	-	this form.	OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 7/8	San Angelo Republican Women			00083190	
4 Date	5 Payee name				
11/04/2024	Textedly				
6 Amount (\$)	7 Payee address; City; State; Zip Co	de			
\$26.60	2536 E Workman Avenue				
Expenditure from corporate funds	West Covina, CA 91791				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
EXPENDITURE	Mass texting	⊢	Check if travel outside Check if Austin, TX,		
		L M	lass texting to r		CAPCINC
			iotoo toxtailig to t		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/O	1				
Date	Payee name				
11/23/2024	Textedly				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$53.20	2536 E Workman Avenue				
Expenditure from corporate funds	West Covina, CA 91791				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
OF EXPENDITURE	Mass texting	F	Check if travel outsion Check if Austin, TX,		
		L M	Jeneck if Adstill, 12, 12, 13		rexpense
			idoo toxtii ig to i		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office he	eld
expenditure to benefit C/O		J			
Date	Payee name				
11/24/2024	Textedly				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$8.51	2536 E Workman Avenue	uc			
Ψ0.01	2000 E Workman / Worlde				
Expenditure from corporate funds	West Covina, CA 91791				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	<b>(b)</b> D	escription		
OF EXPENDITURE	Mass texting		Check if travel outside		•
		L	Check if Austin, TX,		expense
		IV	lass texting to r	HEHINGIS	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office he	eld
expenditure to benefit C/O		a		Cilioc IIC	···

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### 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		Legal Services  The Instruction Guide	Salaries/\	Vages	s/Contract Labor		OTHER (enter a	category not listed abov	re)
1 Total pages Schedule F1:	2 FILER NAM	<u> </u>				3	Filer ID	(Ethics Commission	n Filers)
Sch: 3/3 Rpt: 8/8	1	- Republican Wom	en				00083190	( 1 11 11 11 11 11 11 11 11 11 11 11 11	,
4 Date	5 Payee name								
11/24/2024	Textedly								
6 Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	ode					
\$676.70	2536 E Wo	rkman Avenue							
— Foresedit ve from									
Expenditure from corporate funds	West Covir	a, CA 91791							
8 PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Yealy Subs	cription			_		ide of Texas. Comp		
					_		, officeholder living		hore and
					extra number		lion for mass	texting to mem	Deis allu
9 Complete ONLY if direct		iceholder name	Office sou	ught			Office he	eld	
expenditure to benefit C/OI	H 								
Date	Payee name								
12/24/2024	Textedly								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
\$8.51	2536 E Wo	rkman Avenue							
Expenditure from									
corporate funds	West Covir	a, CA 91791							
PURPOSE	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
OF EXPENDITURE	Mass textir	g					ide of Texas. Comp		
					_		, officeholder living	expense	
					Mass texting	ιο	members		
Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>l</u> ught			Office he	eld	
expenditure to benefit C/OI	H								
Date	Payee name								
11/30/2024	USPS								
Amount (\$)	Payee addre	ss; City;	State; Zip Co	ode					
\$232.00	3201 Loop	306							
Expenditure from									
corporate funds	San Angelo	, TX 76904							
PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedule)	(b)	Description				
EXPENDITURE	PO Box						ide of Texas. Comp		
					Yearly PO Bo		, officeholder living	expense	
					rearry in O BC	<i>)</i>	Crital		
Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	<u>I</u> ught			Office he	eld	
expenditure to benefit C/O				5					
									,