

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00083729	2 Total pages filed: 9	
3 COMMITTEE NAME Camino Real Republican Women			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 07/12/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
4 COMMITTEE ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9 Inwood Crown San Antonio, TX 78248			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Linda L. NICKNAME LAST SUFFIX Bulger			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18856 Agin Court San Antonio, TX 78258			
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 18856 Agin Court San Antonio, TX 78258			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 912-4598			
9 REPORT TYPE	☐ January 15 ☐ 30th day before election ☐ Dissolution (Attach PAC-DR) ☒ July 15 ☐ 8th day before election ☐ 10th day after campaign treasurer termination ☐ Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☐ General ☐ Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Camino Real Republican Women	13 Filer ID (Ethics Commission Filers) 00083729
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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) ☒ check here if this report qualifies for the higher itemization threshold	\$ 684.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,519.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 389.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,680.16
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,311.50
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.

Ms. Linda L. Bulger

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
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17 COMMITTEE NAME Camino Real Republican Women		18 Filer ID (Ethics Commission Filers) 00083729
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,519.00
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	☒ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	☐ SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	☐ SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
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.	☒ SCHEDULE E: LOANS	\$ 0.00
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,680.16
11.	☒ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	☒ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	☒ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	☐ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	☐ 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: 4/9
2 FILER NAME Camino Real Republican Women		3 Filer ID (Ethics Commission Filers) 00083729
4 Date 01/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ross, Terry Ann (Ms.) 6 Contributor address; City; State; Zip Code Georgetown, TX 78633	7 Amount of Contribution (\$) \$835.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 5/9

2 FILER NAME

Camino Real Republican Women

3 Filer ID (Ethics Commission Filers)
00083729

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 6/9

2 FILER NAME

Camino Real Republican Women

3 Filer ID (Ethics Commission Filers)
00083729

4 TOTAL OF UNITEMIZED LOANS

\$ 0.00

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

6 Is lender a
financial
institution?

8 Lender address; City; State; Zip Code

10 Interest Rate

11 Maturity Date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ None

15 Check if personal funds were deposited into political account
(See Instructions)

☐

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

☐ not applicable

18 Guarantor address; City; State; Zip Code

20 Principal occupation

21 Employer (See Instructions)

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: 7/9	2 FILER NAME Camino Real Republican Women	3 Filer ID (Ethics Commission Filers) 00083729
4 Date 04/03/2025	5 Payee name HEB #32	
6 Amount (\$) \$916.25 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 9238N. Loop 1604 West San Antonio, TX 78249	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Border Care Project, personal health care items, and snacks
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2025	Payee name HEB #32	
Amount (\$) \$415.75 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 9238 N. Loop 1604 West San Antonio, TX 78249	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Border Care Project, personal health care items, and snacks
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 05/23/2025	Payee name HEB #39	
Amount (\$) \$434.31 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 1150 NW Loop 1604 San Antonio, TX 78248	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Border Care Project, various personal health care items, and snacks
Complete <u>ONLY</u> 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: 8/9	2 FILER NAME Camino Real Republican Women	3 Filer ID (Ethics Commission Filers) 00083729
4 Date 04/30/2025	5 Payee name Sam's Club	
6 Amount (\$) \$124.38 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 12349 N. Interstate 35 San Antonio, TX 78233	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Border Care Project, hydration product
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/25/2025	Candidate/Officeholder name Texas Federation of Republican Women	
Amount (\$) \$75.00 ☐ Expenditure from corporate funds	Office sought 13740 N. Highway 183, Ste J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/14/2025	Candidate/Officeholder name Texas Federation of Republican Women	
Amount (\$) \$75.00 ☐ Expenditure from corporate funds	Office sought 13740 N. Highway 183, Ste J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Membership dues
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: 9/9	2 FILER NAME Camino Real Republican Women	3 Filer ID (Ethics Commission Filers) 00083729
4 Date 04/06/2025	5 Payee name Texas Federation of Republican Women	
6 Amount (\$) \$100.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N. Highway 183, Ste J4 Austin, TX 78750	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Membership dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/21/2025	Candidate/Officeholder name Office sought Office held	
Payee name Texas Federation of Republican Women		
Amount (\$) \$150.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N. Highway 183, Ste J4 Austin, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Membership dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name Office sought Office held		