

# 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<br>(Ethics Commission Filers)<br>00055198 | 2 Total pages filed:<br>5                                                                                                                                                             |        |
| 3 COMMITTEE NAME<br>Shelby County Republican Women                                     |                                                                                                                                                                                                                                                                                                                                                      |                                                      | <b>OFFICE USE ONLY</b>                                                                                                                                                                |        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                      | Date Received<br>ELECTRONICALLY FILED<br>07/13/2025                                                                                                                                   |        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                      | Date Hand-delivered or Date Postmarked                                                                                                                                                |        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                      | Receipt #                                                                                                                                                                             | Amount |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                      | Date Processed                                                                                                                                                                        |        |
|                                                                                        |                                                                                                                                                                                                                                                                                                                                                      |                                                      | Date Imaged                                                                                                                                                                           |        |
| 4 COMMITTEE ADDRESS<br><br><input type="checkbox"/> Change of Address                  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9840 U.S. Hwy. 84 E.<br><br>Joaquin, TX 75954                                                                                                                                                                                                                                              |                                                      |                                                                                                                                                                                       |        |
| 5 CAMPAIGN TREASURER NAME                                                              | MS / MRS / MR FIRST MI<br>Ms. Teresa<br><br>NICKNAME LAST SUFFIX<br>Hughes                                                                                                                                                                                                                                                                           |                                                      |                                                                                                                                                                                       |        |
| 6 CAMPAIGN TREASURER STREET ADDRESS<br>(Residence or Business)                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>9840 U.S. Hwy. 84 E.<br><br>Joaquin, TX 75954                                                                                                                                                                                                                             |                                                      |                                                                                                                                                                                       |        |
| 7 CAMPAIGN TREASURER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>9840 U.S. Hwy. 84 E.<br><br>Joaquin, TX 75954                                                                                                                                                                                                                                              |                                                      |                                                                                                                                                                                       |        |
| 8 CAMPAIGN TREASURER PHONE                                                             | AREA CODE PHONE NUMBER EXTENSION<br>(936) 269-3004                                                                                                                                                                                                                                                                                                   |                                                      |                                                                                                                                                                                       |        |
| 9 REPORT TYPE                                                                          | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)<br><input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination<br><input type="checkbox"/> Runoff |                                                      |                                                                                                                                                                                       |        |
| 10 PERIOD COVERED                                                                      | Month Day Year<br>01/01/2025 THROUGH Month Day Year<br>06/30/2025                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                       |        |
| 11 ELECTION                                                                            | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                      |                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |        |

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

|                                                                                                         |                                                                                                      |                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12 COMMITTEE NAME</b><br>Shelby County Republican Women                                              |                                                                                                      | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00055198                                                                                                                                                                                         |
| <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><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold |
|                                                                                                         | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)       | \$ 0.00                                                                                                                                                                                                                                           |
| 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>        | \$ 0.00                                                                                                                                                                                                                                           |
| 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.

Ms. Teresa Hughes  
\_\_\_\_\_  
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 5

|                                                            |                                                                                                                   |                                                           |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>17 COMMITTEE NAME</b><br>Shelby County Republican Women |                                                                                                                   | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00055198 |
| <b>19 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE           |                                                                                                                   | SUBTOTAL AMOUNT                                           |
| 1.                                                         | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ 0.00                                                   |
| 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 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       | \$                                                        |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 4/5

2 FILER NAME

Shelby County Republican Women

3 Filer ID (Ethics Commission Filers)

00055198

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: 5/5                                                                  |
| <b>2</b> FILER NAME<br>Shelby County Republican Women                          |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00055198                                                               |
| <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><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)                                                                                  |