

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) 00055736	2 Total pages filed: 9	
3 COMMITTEE NAME Limestone County Republican Women PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/13/2025 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 201 E. 7th St. Thornton, TX 76687			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Jeri Ann NICKNAME LAST SUFFIX Penny			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 513 LCR 404 Groesbeck, TX 76642			
7 CAMPAIGN TREASURER MAILING ADDRESS ☐ Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 145 Groesbeck, TX 76642			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 747-2905			
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	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Limestone County Republican Women PAC		13 Filer ID (Ethics Commission Filers) 00055736
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,765.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 205.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,444.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,203.54
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.

Jeri Ann Penny

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 9

17 COMMITTEE NAME Limestone County Republican Women PAC		18 Filer ID (Ethics Commission Filers) 00055736
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,765.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
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	\$
10.	☒ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 18,444.10
11.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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: 1/2 Rpt: 4/9
2 FILER NAME Limestone County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00055736
4 Date 01/12/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Alston, Gene & Kay 6 Contributor address; City; State; Zip Code Thornton, TX 76687	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) contractor		9 Employer (See Instructions) self
Date 01/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alston, Gene & Kay Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$375.00
Principal occupation / Job title (See Instructions) contractor		Employer (See Instructions) self
Date 04/22/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alston, Gene & Kay Contributor address; City; State; Zip Code Thornton, TX 76687	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) contractor		Employer (See Instructions) self
Date 01/15/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Devillez, Sue Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) BSN/RN		Employer (See Instructions) retired
Date 01/09/2025	Full name of contributor ☐ out-of-state PAC (ID#: _____) Miller, Jo Contributor address; City; State; Zip Code Bryan, TX 77808-4025	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
2 FILER NAME Limestone County Republican Women PAC		3 Filer ID (Ethics Commission Filers) 00055736
4 Date 03/07/2025	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Robison, Carla 6 Contributor address; City; State; Zip Code Thornton, TX 76687	7 Amount of Contribution (\$) \$340.00
8 Principal occupation / Job title (See Instructions) RN		9 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: 1/4 Rpt: 6/9	2 FILER NAME Limestone County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00055736
4 Date 01/14/2025	5 Payee name Highfield Consulting	
6 Amount (\$) \$5,000.00 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1300 Playmoor Drive Palm Harbor, FL 34683	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Honorary for speaker at event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/14/2025	Payee name Limestone County Sherriff's Dept	
Amount (\$) \$12,050.00 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 912 N Tyus Groesbeck, TX 76642	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Kinetic Breaching Tool Kit donation
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/16/2025	Payee name TFRW	
Amount (\$) \$101.20 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
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: 2/4 Rpt: 7/9	2 FILER NAME Limestone County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00055736
4 Date 03/03/2025	5 Payee name TFRW	
6 Amount (\$) \$151.80 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$75.90 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/19/2025	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$50.60 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 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: 3/4 Rpt: 8/9	2 FILER NAME Limestone County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00055736
4 Date 02/27/2025	5 Payee name TFRW	
6 Amount (\$) \$354.20 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 02/27/2025	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$379.50 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name TFRW		
Amount (\$) \$25.30 ☐ Expenditure from corporate funds	Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense 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: 4/4 Rpt: 9/9	2 FILER NAME Limestone County Republican Women PAC	3 Filer ID (Ethics Commission Filers) 00055736
4 Date 03/03/2025	5 Payee name TFRW	
6 Amount (\$) \$50.60 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 13740 N Highway 183, Suite J4 Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Dues	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Dues
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held