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) 00016087 3 COMMITTEE NAME **OFFICE USE ONLY** Gillespie County Republican Women's PAC Date Received **ELECTRONICALLY FILED** 08/10/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P. O. Box 3075 Date Hand-delivered or Date Postmarked Change of Address Fredericksburg, TX 78624 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Linda NAME NICKNAME LAST **SUFFIX** Schmidt STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 443 Fox Lane STREET **ADDRESS** (Residence or Business) Fredericksburg, TX 78624 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 443 Fox Lane MAILING **ADDRESS** Fredericksburg, TX 78624 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 998-1797 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2025 06/30/2025 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)
Gillespie County R	epublican Women's PAC		00016087	
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		
		. орросси		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	360.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,757.68
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT	<u> </u>		I	
		I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code.		
		Mrs. Lind	a Schmidt	
		Signature of Can	npaign Treasui	rer
AFFIX NO	ΓARY STAMP / SEAL ABOVE			
		, th	is the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - GPAC

FORM GPAC **COVER SHEET PG 3**

			3 of 9
17 COMMIT		18 Filer ID	(Ethics Commission Filers)
•	County Republican Women's PAC	00016087	<u> </u>
	LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 215.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 145.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
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. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 1,757.68
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 15.00
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 3.81

	MONET	ARY POLITICAL CONTRIBUTION)N	IS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this f	or	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9	
2	FILER NAME Gillespie Cor	ınty Republican Women's PAC			3	Filer ID (Ethics Commission Filers) 00016087	
4	Date 06/30/2025	 Full name of contributor			7	Amount of Contribution (\$)	\$40.00
		Fredericksburg, TX 78624					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions N/A	s)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Johnson, Bari (Ms.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
	Principal occu	Fredericksburg, TX 78624 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			N/A	• •		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_ Keener, Tammy (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$40.00
		Fredericksburg, TX 78624					
	Principal occu Attorney	oation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Schneider, Esther (Mrs.) Contributor address; City; State; Zip Code Fredericksburg, TX 78624)		Amount of Contribution (\$)	\$55.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions N/A	<u>I</u> 5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_Woellhof, Jane (Mrs.) Contributor address; City; State; Zip Code Fredericksburg, TX 78624				Amount of Contribution (\$)	\$40.00
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions N/A	5)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 5/9 3 Filer ID (Ethics Commission Filers) FILER NAME Gillespie County Republican Women's PAC 00016087 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description 05/01/2025 Schneider, Esther (Mrs.) \$45.00 i Donation 7 Contributor address; City; State; Zip Code Fredericksburg, TX 78624 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) Retired N/A 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 03/04/2025 Woellhof, Jane (Mrs.) \$100.00 | Donation Contributor address; City; State; Zip Code

Fredericksburg, TX 78624

Contributor's principal occupation (FOR JUDICIAL)

Contributor's employer/law firm (FOR JUDICIAL)

Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

(See instructions)

(See instructions)

Employer (FOR NON-JUDICIAL)

Contributor's job title (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations 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 Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/9	Gillespie County Republican Women's PAC 00016087
4 Date	5 Payee name
03/01/2025	Crabapple Fire Disaster
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,500.00	8739 Lower Crabapple Road
- "	
Expenditure from corporate funds	Fredericksburg, TX 78624
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	\$1,500 Donation Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Donation to fire victims in the Crabapple Fire
	Bolladon to the victime in the Grabappie i he
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/24/2025	Reed, Carole (Mrs.)
Amount (\$)	Payee address; City; State; Zip Code
\$69.68	229 Cherry Oak Drive
·	
Expenditure from corporate funds	Fredericksburg, TX 78624
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Luncheon Expenditure for Meeting
	Euroneon Experimitare for Weeting
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Douge name
03/04/2025	Payee name USPS
	991.5
Amount (\$)	Payee address; City; State; Zip Code
\$188.00	1150 N. US Hwy 87
Expenditure from corporate funds	Fredericksburg, TX 78624
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.
LA LABITORL	Check if Austin, TX, officeholder living expense
	Rental on PO Box
Complete ONLY if direct	Candidate/Officebalder name Office accept
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULING								
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I: Sch: 1/1 Rpt: 7/9								
4 Date 05/01/2025	5 Payee name Schneider, Esther (Mrs.)							
6 Amount (\$) 15.00 Expenditure from corporate funds	7 Payee Address; City; State; Zip 100 Hildemara Lane Fredericksburg, TX 78624							
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Badge	(b) Description (See instructions regarding type of information required.) Name Tag Badge for Gillespie County Republican Women						

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /2 Rpt: 8/9	
2	FILER NAME Gillespie Co	unty Republican Women's PAC	1	Filer ID	(Ethics Commission F	ilers)
4	Date 01/31/2025	Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code			8 Amount (\$)	\$0.71
		Fredericksburg, TX 78624 7 Purpose for which amount is received	Check if politic	cal contr	ibution returned to filer	
		Interest Paid to Account				
	Date 02/28/2025	Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.63
		Fredericksburg, TX 78624				
		Purpose for which amount is received Interest Paid to Account	Check if polition	al contr	ibution returned to filer	
	Date 03/31/2025	Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.70
		Fredericksburg, TX 78624				
		Purpose for which amount is received Interest Paid to Account	Check if polition	cal contr	ibution returned to filer	
	Date 04/30/2025	Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.63
		Fredericksburg, TX 78624				
		Purpose for which amount is received Interest Paid to Account	Check if polition	cal contr	ibution returned to filer	
	Date 05/31/2025	Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code			Amount (\$)	\$0.56
		Fredericksburg, TX 78624				
		Purpose for which amount is received Interest Paid to Account	Check if polition	cal contr	ibution returned to filer	

	The Instruction Guide explains how to complete this form. Sch.: 2			SCHEDULE K		
				ages Schedule K: 2/2 Rpt: 9/9		
2				D (Ethics Commission Filers) 6087		
4 Date 06/30/202		 Name of person from whom amount is received ARROWHEAD BANK Address of person from whom amount is received; City; State; Zip Code 		8 Amount (\$) \$0.58		
		Fredericksburg, TX 78624 7 Purpose for which amount is received Interest Paid to Account	olitical con	tribution returned to filer		