GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

L							
Т	he GPAC Instruction Guid	de explains how to complete this for		Commission Filers)	2 Total pages filed:		
2 COMMITTER VANE			00086949		2		
3	Republican Women of Kimble County		ounty		OFFICE USE ONLY		
4	COMMITTEE ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; P.O. Box 695, Junction	city; state; a, TX 76849	ZIP CODE	RECEIVED OCT 10 2025 Texas Ethics Commission		
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST		Mŧ	Date Hand-delivered or Date Postmarked postmarked 10/3/25		
		Mrs Brenda	a	V	Receipt # Amount \$		
		NICKNAME LAST		SUFFIX	Date Processed $10/10/25$		
		Murr			Date Imaged		
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); 102 West Street, Juncti		STATE;	ZłP CODE		
7	CAMPAIGN TREASURER MAILING ADDRESS Change of Address	STREET ADDRESS OR PO BOX; P.O. Box 695, Junction	APT / SUITE #; CITY; , TX 76849	STATE;	ZIP CODE		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 510-9706	EXTEN	SION			
9	REPORT TYPE	☐ January 15	30th day before election 8th day before election Runoff		Dissolution Report (Attach PAC-DR) 10th day after campaign treasurer termination		
10	PERIOD COVERED	Month Day Year			Month Day Year		
		01 /01 /2025	THROUGH		06 /30 /2025		
11	ELECTION	ELECTION DATE - ELECTION TYPE					
		Month Day Year	Primary Runoff General Special		ther Description————————————————————————————————————		
		GO	TO PAGE 2				

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	O (Ethics Commission 1986949	on Filers)							
14 COMMITTEE	Republican Women of h	A. Supported							
ACTIVITY	(Identify by name or, if								
AAA - I Daa II-ti-	applicable, classify by party.)	B. Opposed	······································						
(Attach lists on plain paper to complete this		B. Opposed							
report if necessary.)									
	2. Measures	A. Supported							
	(Describe by date and								
	location of election and nature of issue.)	B. Opposed							
	3. Officeholders								
•	Assisted								
	(Identify by name or, if								
<u>, </u>	applicable, classify by party.)								
15 CONTRIBUTION	1. TOTAL UNITEMIZED F	OLITICAL CONTRIBUTIONS (OTHER TH	AN	0.00					
TOTALS	PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00	0.00				
	Check here if this report qualifies for the higher itemization threshold								
	2. TOTAL POLITICAL O	CONTRIBUTIONS		\$					
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAI				Ψ	0.00				
EXPENDITURE	3. TOTAL UNITEMIZED F	POLITICAL EXPENDITURES							
TOTALS		\$	0.00						
		\$	0.00						
		0.00							
CONTRIBUTION	LAST DAY	\$	0.00						
BALANCE		Ψ	0.00						
OUTSTANDING	\$								
LOAN TOTALS	Ψ	0.00							
16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and									
	•				rect and				
includes all information required to be reported by me under Title 15, Election Code.									
Signature of Campaign Treasurer (Declarant)									
	Jaigii ileasu	rer (Declarant)							
	Please c	omplete either option below:							
(1) Affidavit		,							
(1) Ainuavit									
AFFIX NOTARY STAMP	SEALABOVE								
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									
OR									
(2) Unsworn Declaration									
Drawle Muse									
	6849 US								
My address is P.O. E	SOX 695 (street)	Junction (alty)		1	M. untry)				
Kimhle	, , ,	., 20 25 .							
Executed in Talling	County, State of Tex		(month)	, <u>ZU</u>					
		() X no	1.011	11.					
/ Meroal. 11/les									
Signature of Campaign Treasurer (Declarant)									

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