

**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) 00016031	2 Total pages filed: 9				
3 COMMITTEE NAME Angleton Republican Women's PAC		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged					
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address							
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3606 Hummingbird LN Alvin, TX 77511							
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.			FIRST Judy	MI		
	NICKNAME	LAST Shaefer	SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3606 Hummingbird Lane Alvin, TX 77511		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 3606 Hummingbird Lane Alvin, TX 77511						
8 CAMPAIGN TREASURER PHONE	AREA CODE (713) 522-7000	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15		<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 01/01/2025	Day	Year	Month 06/30/2025	Day	Year	
11 ELECTION	Month	Day	ELECTION DATE Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE <input type="checkbox"/> Other	

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Angleton Republican Women's PAC		13 FILER ID (Ethics Commission Filers) 00016031
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) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 423.41
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,288.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,676.92
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.

Mrs. Judy Shaefer

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 Angleton Republican Women's PAC	18 FILER ID (Ethics Commission Filers) 00016031
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
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 type="checkbox"/> SCHEDULE E: LOANS	
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
14. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	
15. <input checked="" type="checkbox"/> 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 Angleton Republican Women's PAC		3 Filer ID (Ethics Commission Filers) 00016031
4 Date 01/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHESSIR, BLAINE (Mr.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code BRAZORIA, TX 77422	
8 Principal occupation / Job title (See Instructions) Law enforcement		9 Employer (See Instructions) BRAZORIA COUNTY
Date 01/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRATILA, BARBARA (Mrs.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LILES, KATHLEEN (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code SWEENEY, TX 77480	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 05/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINDER, DAVID (Mr.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code ANGLETON, TX 77515	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) BRAZORIA COUNTY
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LORRAINE, BARBARA (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code ANGLETON, TX 77515	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

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 Angleton Republican Women's PAC		3 Filer ID (Ethics Commission Filers) 00016031
4 Date 01/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILSAP, GLORIA (Mrs.)	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code LAKE JACKSON, TX 77566	
8 Principal occupation / Job title (See Instructions) District Coordination		9 Employer (See Instructions) Sen. Joan Huffman
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PICKLE, MARY K (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code WEST COLUMBIA, TX 77486	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SEBESTA, MATT (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code ANGLETON, TX 77516	
Principal occupation / Job title (See Instructions) County Judge		Employer (See Instructions) BRAZORIA COUNTY
Date 03/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHAEFER, JUDY (Mrs.)	Amount of Contribution (\$) \$73.41
	Contributor address; City; State; Zip Code ALVIN, TX 77511	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Retired
Date 01/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, SHEILA (Mrs.)	Amount of Contribution (\$) \$45.00
	Contributor address; City; State; Zip Code ANGLETON, TX 77515	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/2 Rpt: 6/9	2 FILER NAME Angleton Republican Women's PAC	3 Filer ID (Ethics Commission Filers) 00016031
4 Date 02/24/2025	5 Payee name GHCFRW	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 9741 KATY FREEWAY #272 HOUSTON, TX 77024	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Nuts & Bolts Conference
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 03/19/2025	Payee name PERRY, VELMA (Mrs.)	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 4 STADIUM DR, APT 1008 <input type="checkbox"/> Expenditure from corporate funds ANGLETON, TX 77515	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LR Basket GiftCards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/28/2025	Payee name TFRW	
Amount (\$) \$515.12	Payee address; City; State; Zip Code 13740 N HIGHWAY 183 SUIT J4 <input type="checkbox"/> Expenditure from corporate funds AUSTIN, TX 78750	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership Dues
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/2 Rpt: 7/9	2 FILER NAME Angleton Republican Women's PAC	3 Filer ID (Ethics Commission Filers) 00016031
4 Date 02/25/2025	5 Payee name WARREN, STEPHANIE (Mrs.)	
6 Amount (\$) \$123.41	7 Payee address; City; 110 CORKWOOD LAKE JACKSON, TX 77566	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense LR Basket items
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 06/30/2025	Payee name WILLIAMS, SHEILA (Mrs.)	
Amount (\$) \$300.00	Payee address; City; 908 SUNSET TRAIL ANGLETON, TX 77515	State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Rent for Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt: 8/9	2 FILER NAME Angleton Republican Women's PAC	3 Filer ID (Ethics Commission Filers) 00016031
4 Date 03/12/2025	5 Payee name STATE COMPTROLLER	
6 Amount (\$) 304.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1011 S TEXAS 6 #120 HOUSTON, TX 77077	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) STATE FEES	(b) Description (See instructions regarding type of information required.) Taxes

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 9/9
2 FILER NAME Angleton Republican Women's PAC		3 Filer ID (Ethics Commission Filers) 00016031
4 Date 03/12/2025	5 Name of person from whom amount is received State Comptroller	8 Amount (\$) \$331.60
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77077	
	7 Purpose for which amount is received Refund	<input type="checkbox"/> Check if political contribution returned to filer