

**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) 00068701	2 Total pages filed: 5		
3 COMMITTEE NAME Navarro County Republican Women		<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026  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  2771 NE Co Rd 1030 PO Box 31 Chatfield, TX 75105				
5 CAMPAIGN TREASURER NAME  Mrs.	FIRST Tammy			MI	
	NICKNAME Baker	LAST SUFFIX			
6 CAMPAIGN TREASURER STREET ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 246 Waterside Drive  Corsicana, TX 75109	APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; 2117 Cambridge St.  Corsicana, TX 75110	APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 499-8979	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15  <input 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 Day Year 07/01/2025	Month Day Year THROUGH	Month Day Year 12/31/2025		
11 ELECTION	ELECTION DATE Month Day Year 01/14/2026	<input type="checkbox"/> Primary  <input checked="" 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**

<b>12 COMMITTEE NAME</b> Navarro County Republican Women		<b>13 FILER ID</b> (Ethics Commission Filers) 00068701
<b>14 COMMITTEE ACTIVITY</b>  (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.)	
<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 1,690.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,690.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,625.31
<b>OUTSTANDING LOAN TOTALS</b>	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. Tammy Baker

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</b> COMMITTEE NAME Navarro County Republican Women	<b>18</b> Filer ID (Ethics Commission Filers) 00068701
<b>19</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 1,690.00	
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 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 \$ 1,325.53	
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/2 Rpt: 4/5	2 FILER NAME Navarro County Republican Women	3 Filer ID (Ethics Commission Filers) 00068701
4 Date 11/21/2025	5 Payee name Baker, Tammy	
6 Amount (\$) 23.17 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 246 Waterside Dr  Corsicana, TX 75109	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Copies
Date 10/30/2025	Payee name Baker, Tammy	
Amount (\$) 27.36 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 246 Waterside Dr  Corsicana, TX 75109	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Lunch supplies
Date 12/23/2025	Payee name Corsicana Chamber of Commerce	
Amount (\$) 225.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 390 West Dallas Street  Corsicana, TX 75110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Yearly Dues
Date 10/29/2025	Payee name Corsicana Troop Support	
Amount (\$) 300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 510 W Collin St  Corsicana, TX 75110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Donation for mailing Christmas Boxes to Troops.

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

**SCHEDULE I**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule I: Sch: 2/2 Rpt: 5/5	2 FILER NAME Navarro County Republican Women	3 Filer ID (Ethics Commission Filers) 00068701
4 Date 11/06/2025	5 Payee name Patriot PAWS	
6 Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 254 Ranch Trl Rockwall, TX 75032	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Donation
Date 10/29/2025	Payee name Salvation Army of Corsicana	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 212 E 1st Ave Corsicana, TX 75110	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Salvation Army Fundraiser