

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) 00084922	2 Total pages filed: 42
3 COMMITTEE NAME Great State Republicans		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/13/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 764 Hallettsville, TX 77964		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Mona S.	
		NICKNAME	SUFFIX
		Davenport	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 106 Hillside Terrace Hallettsville, TX 77964		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 106 Hillside Terrace Hallettsville, TX 77964		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
		(361) 798-0731	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	07/01/2023		12/31/2023
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Great State Republicans	13 Filer ID (Ethics Commission Filers) 00084922
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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)	\$ 9,807.81
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 16,563.94
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.

Ms. Mona S. Davenport

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

17 COMMITTEE NAME Great State Republicans		18 Filer ID 00084922	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	9,237.84
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	569.97
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	\$	7,715.66
15.	<input 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: 1/25 Rpt: 4/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Carol (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Caretaker		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Becky (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Becky (Mrs.)	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bludau, JoAnn (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Superintendent		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohuslav, Nola (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Moulton, TX 77975	
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: 2/25 Rpt: 5/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bordovsky, Robert (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, Kevin (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Security Officer		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briscoe, Barbara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sheridan, TX 77475	
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briscoe, Barbara (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sheridan, TX 77475	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brunner, Verna (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 3/25 Rpt: 6/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Andrea (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bellville, TX 77418	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cavarretta, Blanch (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chovanetz, Rida (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chovanetz, Rida (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 4/25 Rpt: 7/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$157.07
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$2.24
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 5/25 Rpt: 8/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$395.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$105.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 6/25 Rpt: 9/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	7 Amount of Contribution (\$) \$280.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$245.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of Contribution (\$) \$123.38
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defibaugh, Mary Ann (Ms.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 7/25 Rpt: 10/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denney, Kyle (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehler, Paula (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faircloth, Cheryl (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faircloth, Cheryl (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faircloth, Cheryl (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
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: 8/25 Rpt: 11/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foyt, Monica (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foyt, Pamala (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foyt, Pamala (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code LaGrange, TX 78945	
Principal occupation / Job title (See Instructions) County Chair		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Deborah (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code LaGrange, TX 78945	
Principal occupation / Job title (See Instructions) County Chair		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/25 Rpt: 12/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwell, Kim (Mrs.) 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Secretary		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwell, Kim (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grindeland, Barbara (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Mary (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Mary (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
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: 10/25 Rpt: 13/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harmon, Micah (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Sheriff		9 Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henke, Jeanette (Ms.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Georgie (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hlavac, Kimberly (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Carl (Mr.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
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: 11/25 Rpt: 14/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Carl (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huang, Jessica (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code SugarLand, TX 77479	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hynes, Melba (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hynes, Melba (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jernigan, Farrah (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) School CFO		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/25 Rpt: 15/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Dolly (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak, Lorena (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak, Lorena (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanak, Lorena (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney, Linda (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Comfort, TX 78013	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/25 Rpt: 16/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney, Wally <hr/> 6 Contributor address; City; State; Zip Code Bellville, TX 78013	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Ginger (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kocian, Mary (Mrs.) <hr/> Contributor address; City; State; Zip Code Victoria, TX 77901	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehn, Barbara (Ms.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehn, Barbara (Ms.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$35.00
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: 14/25 Rpt: 17/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koehn, Barbara (Ms.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kouba, Elizabeth (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauderback, A.J. (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77902	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Louderback, Marci (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Edna, TX 77964	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions)
Date 09/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massey, Gayla (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 15/25 Rpt: 18/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matias, Anton (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Gonzales, TX 78629	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCleney, Tammy (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Paige, TX 78659	
Principal occupation / Job title (See Instructions) Constable		Employer (See Instructions)
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Migl, ElRose (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgenroth, Bob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77902	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgenroth, Bob (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Victoria, TX 77902	
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: 16/25 Rpt: 19/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Joan (Mrs.) 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$70.00
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Joan (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$275.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Kelly (Mr.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Tractor Sales		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muehr, Janis (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murrile, Danna (Ms.) Contributor address; City; State; Zip Code Shiner, TX 77984	Amount of Contribution (\$) \$70.00
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: 17/25 Rpt: 20/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Najvar, Michael (Mr.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Gonzales, TX 78629	
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Day, Geraldine (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schulenburg, TX 77956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oday, Geraldine (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Old, William (Judge)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Seguin, TX 78155	
Principal occupation / Job title (See Instructions) District Judge		Employer (See Instructions)
Date 07/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Partida, Virginia (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/25 Rpt: 21/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Partida, Virginia (Ms.)	7 Amount of Contribution (\$) \$35.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Legal Secretary		9 Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Partida, Virginia (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Partida, Virginia (Ms.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Legal Secretary		Employer (See Instructions)
Date 11/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Valtik (Mr.)	Amount of Contribution (\$) \$125.38
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Hotel Manager		Employer (See Instructions) Hotel Texas
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Arlene (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 19/25 Rpt: 22/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peck, Monte (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Donna (Mrs.) <hr/> Contributor address; City; State; Zip Code Moulton, TX 77975	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Precinct Chair		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pustka, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pustka, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pustka, Sandra (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$400.00
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: 20/25 Rpt: 23/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rains, Cathy (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/09/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rains, Cathy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, JoAnn (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reeves, JoAnn (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Volunteer		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reger, Karen (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 21/25 Rpt: 24/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renger, Karen (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renger, Karen (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 08/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Judy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Judy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Judy (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
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: 22/25 Rpt: 25/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rother, Carol (Mrs.)	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions)
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Linda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Linda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Linda (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spies, Janie (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/25 Rpt: 26/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Marsha (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steffek, Marsha (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svetlik, Carolyn (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svetlik, Carolyn (Mrs.) <hr/> Contributor address; City; State; Zip Code Hallettsville, TX 77964	Amount of Contribution (\$) \$170.00
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: 24/25 Rpt: 27/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Svetlik, Carolyn (Mrs.)	7 Amount of Contribution (\$) \$65.00
	6 Contributor address; City; State; Zip Code Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vacerro, Anthony (Mr.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions)
Date 12/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vacerro, Anthony (Mr.)	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Police Officer		Employer (See Instructions)
Date 12/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenske, Lori (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Shiner, TX 77984	
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)
Date 12/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenske, Lori (Mrs.)	Amount of Contribution (\$) \$35.00
	Contributor address; City; State; Zip Code Shiner, TX 77984	
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/25 Rpt: 28/42
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamarick, Paul (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Moulton, TX 77975	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 29/42	
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/04/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Becky (Mrs.)	8 Amount of contribution (\$) \$173.60	9 In-kind contribution description Office Supplies
	7 Contributor address; City; State; Zip Code Schulenburg, TX 78956		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Geologist		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Mona (Ms.)	Amount of contribution (\$) \$120.00	In-kind contribution description Gifts
	Contributor address; City; State; Zip Code Hallettsville, TX 77964		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faircloth, Cheryl (Mrs.)	Amount of contribution (\$) \$109.70	In-kind contribution description Food
	Contributor address; City; State; Zip Code Schulenburg, TX 78956		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 30/42	
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudd, Joan (Mrs.)	8 Amount of contribution (\$) \$104.17	9 In-kind contribution description Beverages
	7 Contributor address; City; State; Zip Code Hallettsville, TX 77964	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Rancher		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
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)			
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Day, Geraldine (Mrs.)	Amount of contribution (\$) \$62.50	In-kind contribution description Office Supplies
	Contributor address; City; State; Zip Code Schulenburg, TX 78956	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/18/2023	5 Payee name Amazon	
6 Amount (\$) 57.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 18403 Blanco Rd. San Antonio, TX 78258	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 11/23/2023	Payee name Amazon	
Amount (\$) 19.91 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 18403 Blanco Rd. San Antonio, TX 78258	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies
Date 12/04/2023	Payee name Arlan's	
Amount (\$) 19.96 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 256 College Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Food
Date 07/24/2023	Payee name Bea's Place	
Amount (\$) 123.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 404 N. Ave E Shiner, TX 77984	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Food

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/17/2023	5 Payee name Best Western	
6 Amount (\$) 316.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 207 US Hwy 77S Hallettsville, TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Lodging
Date 12/18/2023	Payee name Blase's Hall	
Amount (\$) 375.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4228 US Hwy 90A W Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Hall Rental
Date 07/11/2023	Payee name Constant Contact	
Amount (\$) 642.81 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1601 Trapelo Rd. Waltham, MA 22451	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 12/01/2023	Payee name Costco	
Amount (\$) 24.69 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 23645 Katy Freeway Katy, TX 77494	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 3/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 08/21/2023	5 Payee name Dollar General	
6 Amount (\$) 5.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 207 N. Texana Hallettsville, TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Supplies
Date 08/15/2023	Payee name Dollar General	
Amount (\$) 10.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 207 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 12/07/2023	Payee name Dollar General	
Amount (\$) 6.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 207 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies
Date 09/04/2023	Payee name Dollar Tree	
Amount (\$) 19.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1616 E.Sarah DeWitt Dr. Gonzales, TX 78629	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Paper Goods

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SCHEDULE I

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1 Total pages Schedule I: Sch: 4/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 08/28/2023	5 Payee name El Vaquero Restaurant	
6 Amount (\$) 52.96 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 114 N. LaGrange Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Meals
Date 09/26/2023	Payee name FLAG	
Amount (\$) 980.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 E. Lemon Tarpon Springs, FL 34689	
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.) Books
Date 11/15/2023	Payee name FLAG	
Amount (\$) 500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 E. Lemon Tarpon Springs, FL 34689	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Speaker Fees
Date 11/15/2023	Payee name FLAG	
Amount (\$) 98.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 301 E. Lemon Tarpon Springs, FL 34689	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Lodging

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 5/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 09/05/2023	5 Payee name Hallettsville Chamber of Commerce	
6 Amount (\$) 15.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1614 N. Texana Hallettsville, TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Hall Rental
Date 11/14/2023	Payee name Hallettsville Chamber of Commerce	
Amount (\$) 22.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1614 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Hall Rental
Date 12/06/2023	Payee name Henke Bros. Pecans	
Amount (\$) 17.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 4600 FM 957 Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Food
Date 11/14/2023	Payee name Hotel Texas	
Amount (\$) 125.38 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1632 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Lodging

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 6/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 08/29/2023	5 Payee name Lone Star Badge	
6 Amount (\$) 30.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 301 Quail Run Rd. Martindale, TX 78655	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Badges
Date 09/20/2023	Payee name Lone Star Badges	
Amount (\$) 13.64 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 404 Quail Run Rd. Martindale, TX 78655	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Badges
Date 10/02/2023	Payee name Lone Star Badges	
Amount (\$) 143.54 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 404 Quail Run Rd. Martindale, TX 78655	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Badges
Date 11/29/2023	Payee name Lone Star Badges	
Amount (\$) 31.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 404 Quail Run Rd. Martindale, TX 78655	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Badges

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 7/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 10/24/2023	5 Payee name Quorum Report	
6 Amount (\$) 389.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O.Box 8 Austin, TX 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 08/14/2023	Payee name Rise Up for Life	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 749 CR 244 Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description (See instructions regarding type of information required.) Donation
Date 10/03/2023	Payee name Sacred Heart Catholic Church	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 400 E.Fifth Hallettsville, TX 77964	
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.) Memorial
Date 09/05/2023	Payee name Sam's Club	
Amount (\$) 31.44 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 10488 Katy Freeway Houston, TX 77047	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Food

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1 Total pages Schedule I: Sch: 8/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 07/14/2023	5 Payee name Schulenburg Printing	
6 Amount (\$) 129.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 429 Schulenburg, TX 78956	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Printing
Date 12/04/2023	Payee name Schulenburg Printing	
Amount (\$) 129.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 429 Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 12/04/2023	Payee name Schulenburg Printing	
Amount (\$) 172.86 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 429 Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 07/22/2023	Payee name St. Peter Lutheran Church	
Amount (\$) 150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 100 N. Promenade Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Hall Rental

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1 Total pages Schedule I: Sch: 9/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/18/2023	5 Payee name Sunken Gardens	
6 Amount (\$) 2,208.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 305 E. Fifth Shiner, TX 77984	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Catering
Date 07/27/2023	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 171146 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 07/28/2023	Payee name TFRW	
Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 171146 Austin, TX 78728	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 11/02/2023	Payee name TFRW	
Amount (\$) 245.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 171146 Austin, TX 78717	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees

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1 Total pages Schedule I: Sch: 10/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 11/06/2023	5 Payee name TFRW	
6 Amount (\$) 25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 171146 Austin, TX 78717	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 12/01/2023	Payee name Target	
Amount (\$) 20.24 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 13700 San Pedro San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Supplies
Date 08/02/2023	Payee name U. S. Postal Service	
Amount (\$) 13.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 S. LaGrange Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 08/15/2023	Payee name U. S. Postal Service	
Amount (\$) 26.50 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 S. LaGrange Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage

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SCHEDULE I

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1 Total pages Schedule I: Sch: 11/12 Rpt:	2 FILER NAME Great State Republicans	3 Filer ID (Ethics Commission Filers) 00084922
4 Date 12/20/2023	5 Payee name U. S. Postal Service	
6 Amount (\$) 13.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 206 S. LaGrange Hallettsville, TX 77964	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 07/07/2023	Payee name U.S. Postal Service	
Amount (\$) 68.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 206 S. LaGrange Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Postage
Date 11/07/2023	Payee name WalMart	
Amount (\$) 35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies
Date 11/13/2023	Payee name WalMart	
Amount (\$) 18.28 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Office Supplies

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1 Total pages Schedule I: Sch: 12/12 Rpt:		2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922	
4 Date 11/20/2023		5 Payee name WalMart			
6 Amount (\$) 26.98 <input type="checkbox"/> Expenditure from corporate funds		7 Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Food	
Date 09/06/2023		Payee name WalMart			
Amount (\$) 217.37 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Food	
Date 12/06/2023		Payee name WalMart			
Amount (\$) 34.76 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense		(b) Description (See instructions regarding type of information required.) Office Supplies	
Date 12/07/2023		Payee name WalMart			
Amount (\$) 8.01 <input type="checkbox"/> Expenditure from corporate funds		Payee Address; City; State; Zip 1506 N. Texana Hallettsville, TX 77964			
PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories) Event Expense		(b) Description (See instructions regarding type of information required.) Supplies	