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) 60036 | | | Sinclucting Fling |
|---|-----------------------------------|--|--|
| COMMITTEE | | And the second s | OFFICE USE ONLY |
| NAME | \bigcirc . | 1 | Date Received |
| South IASt | Republican Ch | CITY: STATE: ZIP CÒD | F |
| ADDRESS | P. O. Box 12-8 | <i>(</i> | JAN 19 2024 |
| Change of Address | Mansfield, TX | | Date Hand-delivered or Date Postmarked Postmarked 1/16/24 |
| TREASURER NAME | S/MRS/MR FIRST MR. Charle | Thomas Suffix | Receipt # Amount \$ |
| N | Tom CORBIN | | Date Imaged ZIP CODE |
| CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | 1311 Clubhouse C | naprisuite #; city; state | • |
| CAMINAGIA | PO. Box 237 | APT / SUITE #; CITY; STATE Mansfield Ty | 71113 |
| 8 CAMPAIGN TREASURER | AREA CODE PHONE NUMBER (817) 475- | EXTENSION 48/5 | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before election 8th day before election Runolf | Dissolution (Attach PAC-DR) 10th day after campaign treasurer termination |
| 10 PERIOD COVERED | 07/01/26 | 2-3 THROUGH | Month Day Year /202 |
| A TOTAL | ELECTION DATE | ELECT | ION TYPE |
| Local Political | Month Day Year | Primaty Runolf Ot De | her scription |
| | | O TO PAGE 2 | |
| 1 | O. | C | |

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME South East Republican Club 13 Filer ID (Ethics Commission Filers 000 600 36 | | | | | | |
|--|--|---|--|--|--|--|
| 14 COMMITTEE ACTIVITY | 1. Candidates | A. Supported | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | (Identify by name or, if applicable, classify by party.) | B. Opposed | | | | |
| | | C. | <u> </u> | | | |
| | 2. Measures | A. Supported | ` | | | |
| | (Describe by date and location of election and nature of issue.) | B. Opposed | | | | |
| | Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOA | IZED POLITICAL CONTRIBUTIONS (OTHER THAN NS. OR GUARANTEES OF LOANS) e if this report qualifies for the higher itemization th | s — O — | | | |
| | • | ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ =6 = | | | |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | | EMIZED \$ /55 32 | | | |
| | 4. TOTAL POLIT | CAL EXPENDITURES | \$ 263.32 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | 1 10 | | | |
| OUTSTANDING LOAN TOTALS | | AL AMOUNT OF ALL OUTSTANDING LOANS AS OF HE REPORTING PERIOD | * - 6 - | | | |
| 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. CYNTHIA LYNN WOMACK Notary ID #132473090 My Commission Expires May 5, 2024 Signature of Campaign Treasurer | | | | | | |
| AFFIX NOTARY STAMP/SEAL ABOVE | | | | | | |
| Sworn to and subscribed before me, by the said CoThomas Corbin , this the | | | | | | |
| day of January, 20 34, to certify which, witness my hand and seal of office. | | | | | | |
| Signature of officer, adm | Mall_ ninistering oath | Printed name of officer administering oath | Notary Title of officer administering oath | | | |
| Signature for onicer aon | mustering oatn | Times hand of officer dominiously oddi | | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

| Total pages Schedule F1: 2 FILER NAME SOUTH TASK Republican Club Date 7/L4/2023 Amount (3) PURDOE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct candidate / Officeholder name Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Office held | Candidate/Officeholder/Politica Credit Card Payment | The Instruction Guide explains how to c | omplete this form. | a abovo, |
|---|--|--|--|--------------|
| Amount (\$) | Total pages Schedule F1: | South East Republican (1 | 3 Filer ID (Ethics Commis 500600 36 | sion Filers) |
| Expenditus from Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense | Date 7/14/2023 | 5 Payee name U.S. Post Office | | |
| PURPOSE OF EXPENDITURE (a) Category (See Categories islated at the top of this schedule) Payee name Complete ONLY if direct expenditure to benefit C/OH Amount (\$) Payee address: City: State: Zip Code Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Purpose of Expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office holder name Office sought Office sought Office held Payee name Candidate / Officeholder name Office sought Office held Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Avait outside of Texas. Complete Schedule Texas. Comp | 108- Expenditure from | 756 N.MAINST. | 63 | |
| Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: City: State; Zip Code Expenditure from comparte funds Category (See Categories listed at the top of this schedule) Date Payee address: City: State; Zip Code Category (See Categories listed at the top of this schedule) Description Check if travel outside of Toras, Complete Schedule T. Check if travel outside of Toras, Complete Schedule T. Complete ONLY if direct expenditure from corporate funds Payee name Category (See Categories listed at the top of this schedule) Date Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Purpose Office Sought Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct Candidate / Office hold | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description Check if travel outside of Texas, Complete Schedule T. | |
| Amount (\$) Payee address: City: State; Zip Code Expenditure from corporate funds | | Candidate / Officeholder name | Office sought Office h | neld |
| Expenditure from corporate funds Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office held Complete ONLY if direct Category (See Categories listed at the top of this schedule) Office held Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held | Date | Payee name | | |
| PURPOSE OF Expenditure from corporate funds PURPOSE OF Expenditure from corporate funds Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Office sought Office held Office held Payee name Category (See Categories listed at the top of this schedule) Purpose OF Expenditure from Corporate funds Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Camplete ONLY if direct Candidate / Officeholder name Office sought Office held | Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE Candidate / Officeholder name Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Payee name Amount (\$) Payee address: City: State: Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Office held Office sought Office held | | | | |
| Candidate / Officeholder name | OF | Category (See Calegories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. | |
| Amount (\$) Payee address; City: State; Zip Code Expenditure from corporate funds Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | Office sought Office | neld |
| Expenditure from corporate funds Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Office sought Candidate / Officeholder name | Date | Payee name | | |
| Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Office sought Office held | Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held | | | | |
| Complete ONLY if direct Candidate / Officeholder name Office 300g/ft | OF | Category (See Categories listed at the top of this schedule) | Check if travel outside of Texas. Complete Schedule T. | |
| | | | Office sought Office | held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | ATTACH ADDITIONAL COPIES OF THI | S SCHEDULE AS NEEDED | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| 17 COMMITTEE NAME 18 Filer ID (Ethics Con | nmission Filers) |
|---|--------------------|
| South EAST Republican Club 00066034 | ø |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. SCHEDULE E: LOANS | \$ |
| 10. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ /08 |
| 11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |
| | |



AFFIDAVIT FOR COMMITTEE: **ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

A campaign treasurer of a political committee that has accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in any calendar year must file all subsequent reports electronically.

outh EAST Republican Club 00060036

(TDD 1-800-735-2989 OFFICE USE ONLY Date Received RECEIVED 1/19/24 Texas Ethics Commission Date Hand-delivered or Date Postmarked Postmarked 1/16/24 Date Processed 1/19/24 Date imaged

- 1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
- 2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.

General Purpose Committe Report 5. I am filing this affidavit with the CAMPAGN FINANCE report due on 1/16/2024 I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

CYNTHIA LYNN WOMACK Notary ID #132473090 My Commission Expires May 5, 2024

Signature of Campaign Treasurer

NOTARY STAMP / SEAL

ure of officer administering oath

Sworn to and subscribed before me by Cottomas Corloin this the 16 day of January

to certify which, witness my hand and seal of office.

Print name of officer administering oath

Title of officer administering oath

Retail





FCM LG ENV MANSFIELD, TX 76063 JAN 16, 2024

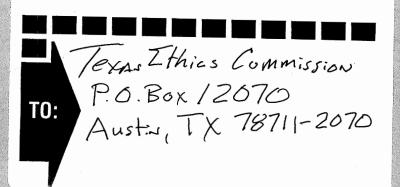
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RDC 99

TOM CORBIN
Attorney
P.O. Box 237
MANSFIELD, TEXAS 76063



JAN 19 2024
Texas Éthics Commission