#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017018 3 COMMITTEE NAME **OFFICE USE ONLY** Star Republican Women Date Received **ELECTRONICALLY FILED** 07/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8675 Date Hand-delivered or Date Postmarked Change of Address Horseshoe Bay, TX 78657-8675 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pamela NAME NICKNAME LAST **SUFFIX** St Clair STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 115 Diamond Hill STREET **ADDRESS** (Residence or Business) Horseshoe Bay, TX 78657 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 115 Diamond Hill MAILING **ADDRESS** Horseshoe Bay, TX 78657 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 953-9100 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/28/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 06/30/2024 χ General Special

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM **GPAC** COVER SHEET PG 2

L2 COMMITTEE NAME				13 Filer		(Ethics Commission Filers)
Star Republican Women				0001	L7018	
I I	1. Candidates	A. Supported				
	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
-	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)	"				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
		D DOLLTICAL CO	NITDIDI ITIONIS (OTLIED TUAN	1		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTE			\$	1,712.99
Ī	2. TOTAL POLITICA	AL CONTRIBUT	TIONS		\$	1 710 00
	(OTHER THAN PLE	EDGES, LOANS, (	OR GUARANTEES OF LOANS	5)	Ψ	1,712.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXI	PENDITURES		\$	1,876.90
-	4. TOTAL POLITICA	AL EXPENDITU	RES		\$	2,778.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	21,157.81		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I		L OUTSTANDING LOANS AS ( RIOD	OF THE	\$	0.00
6 AFFIDAVIT						
		tru	wear, or affirm, under penalty o e and correct and includes all in der Title 15, Election Code.			
	Pamela St C Signature of Campaig					
			Signature of	Campaign	reasur	er
AFFIX NOTARY S	STAMP / SEAL ABOVE					
Sworn to and subscribed t	efore me, by the said			_, this the		day
of,				_		
Signature of officer adm	ninistering oath	Printed name of	officer administering oath	Title	of office	er administering oath

#### **SUBTOTALS - GPAC**

### FORM GPAC **COVER SHEET PG 3**

				3 of 4
17 COMMITTI	EE NAME	18 Filer ID	(Ethics Comn	nission Filers)
Star Republican Women 00017018				
	E SUBTOTALS	<u> </u>	<u> </u>	
NAME OF	SUBTO	TAL AMOUNT		
1 🔽		1 712 00		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,712.99
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	\$		
9.	SCHEDULE E: LOANS	\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			2,778.05
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

#### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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)

Credit Card Payment	The Instruction Guide explains how to d	omplete this for	rm.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission File	ers)			
Sch: 1/1 Rpt: 4/4	Star Republican Women	00017018				
4 Date	5 Payee name					
05/09/2024	IDNS					
6 Amount (\$) \$265.00  Expenditure from corporate funds  8 PURPOSE	7 Payee address; City; State; Zip C 924 Bergen Ave Suite#2897 Jersey City, NJ 07306  (a) Category (See Categories listed at the top of this schedule)	(b) Descript	ion			
OF EXPENDITURE	Domain Renewal	Domain	if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense I Renewal			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	ught	Office held			
Date 04/18/2024	Payee name TFRW					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$375.00	P.O. Box 171146					
Expenditure from corporate funds	Austin, TX 78717	_				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name					
05/07/2024	Vista Flags					
Amount (\$) \$261.15	Payee address; City; State; Zip C 4834 Derrick Dr	ode				
Expenditure from corporate funds	Abilene, TX 79601					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	ı <u>—</u>	ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so	ught	Office held			