

# CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

<b>1</b> Filer ID (Ethics Commission Filers) 00084922	<b>2</b> Total pages filed: 24	<b>OFFICE USE ONLY</b>	
<b>3</b> COMMITTEE NAME Great State Republicans	Date Received <b>ELECTRONICALLY FILED</b> 09/27/2024		
<b>4</b> TREASURER NAME Davenport, Mona S. (Ms.)	Date Hand-delivered or Date Postmarked		
<b>5</b> ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Receipt #
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report	Amount
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____	Date Processed
<b>6</b> ORIGINAL PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 06/30/2024
Date Imaged			

**7 EXPLANATION OF CORRECTION**  
 Filer ID00084922 the Cover Sheet (pg.1) inadvertently had an (x) by "10th day after campaign treasurer termination" selectedly. It is not the case only an error. If there requires further information, please do not hesitate to contact me.  
 Mona Davenport,  
 Treasurer  
 Great State Republicans

**8 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mona 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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC  
COVER SHEET PG 1

<b>The GPAC Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00084922	<b>2 Total pages filed:</b> 24
<b>3 COMMITTEE NAME</b> Great State Republicans		<b>OFFICE USE ONLY</b>	
		Date Received <b>ELECTRONICALLY FILED</b> 09/27/2024	
<b>4 COMMITTEE ADDRESS</b>  <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	
<b>5 CAMPAIGN TREASURER NAME</b>		MS / MRS / MR FIRST MI Ms. Mona S.	
		NICKNAME LAST SUFFIX Davenport	
<b>6 CAMPAIGN TREASURER STREET ADDRESS</b> <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 106 Hillside Terrace  Hallettsville, TX 77964	
<b>7 CAMPAIGN TREASURER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 106 Hillside Terrace  Hallettsville, TX 77964	
<b>8 CAMPAIGN TREASURER PHONE</b>		AREA CODE PHONE NUMBER EXTENSION (361) 798-0731	
<b>9 REPORT TYPE</b>		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff	
<b>10 PERIOD COVERED</b>		Month Day Year      Month Day Year 01/01/2024      THROUGH      06/30/2024	
<b>11 ELECTION</b>		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	

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# GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Great State Republicans	<b>13 Filer ID</b> (Ethics Commission Filers) 00084922
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,407.60
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 3,295.07
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 15,633.09
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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

<b>17 COMMITTEE NAME</b> Great State Republicans	<b>18 Filer ID</b> (Ethics Commission Filers) 00084922
<b>19 SCHEDULE SUBTOTALS</b>	<b>SUBTOTAL AMOUNT</b>
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,365.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 42.60
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9. <input type="checkbox"/> SCHEDULE E: LOANS	\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 3,295.07
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 5/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 04/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Anderson, Nancy (Ms.)	<b>7</b> Amount of Contribution (\$)  \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Moulton, TX 77975	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Blahuta, Beverly (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 04/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bludau, Joyce (Mrs.)	Amount of Contribution (\$)  \$100.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bludau, Renee (Mrs.)	Amount of Contribution (\$)  \$65.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Bohuslav, Nola (Mrs.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Moulton, TX 77975	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 6/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cavarretta, Blanch (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 05/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cejka-Meyers, Susan (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Chovaneta, Melissa (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Clark, Doris (Ms.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Cromey, Nicole (Ms.) <hr/> Contributor address; City; State; Zip Code  Moulton, TX 77975	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 7/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 01/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dennis, Lisa (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Schulenburg, TX 78956	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dobbs, Delores (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Draper, Cheryl (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foster, James (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Justice of the Peach		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Foyt, Monica (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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 8/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 03/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwell, Kim (Mrs.)	<b>7</b> Amount of Contribution (\$) \$65.00
<b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
<b>8</b> Principal occupation / Job title (See Instructions) Secretary		<b>9</b> Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henke, Jeanette (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 03/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Georgie (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 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Georgie (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 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hrncir, Beverly (Mrs.)	Amount of Contribution (\$) \$65.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 9/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hrncir, Beverly (Mrs.)	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
<b>8</b> Principal occupation / Job title (See Instructions) Self Employed		<b>9</b> Employer (See Instructions)
Date 01/18/2024	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 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juenke, Olivia (Mrs.)	Amount of Contribution (\$)  \$65.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Juenke, Olivia (Mrs.)	Amount of Contribution (\$)  \$5.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 05/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kallus, Gail (Mrs.)	Amount of Contribution (\$)  \$65.00
Contributor address; City; State; Zip Code  Hallettsville, TX 77964		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 10/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 05/08/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kallus, Gail (Mrs.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirk, Ginger (Mrs.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 02/28/2024	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 03/26/2024	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)
Date 04/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Montgomery, Nella (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**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 7/9 Rpt: 11/24
2 FILER NAME Great State Republicans		3 Filer ID (Ethics Commission Filers) 00084922
4 Date 03/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mudd, Joan (Mrs.)	7 Amount of Contribution (\$) \$65.00
	6 Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mullen, Sandra (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Yoakum, TX 77995	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 01/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Norquist, Laurie (Ms.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Peck, Aileen (Mrs.)	Amount of Contribution (\$) \$65.00
	Contributor address; City; State; Zip Code  Hallettsville, TX 77964	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 04/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pence, June (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)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 12/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 04/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Petras, Michael (Mr.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  LaGrange, TX 78945	<b>7</b> Amount of Contribution (\$)  \$15.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Richards, Judy (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Rother, Carol (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)
Date 02/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Siegel, Christine (Mrs.) <hr/> Contributor address; City; State; Zip Code  Shiner, TX 77984	Amount of Contribution (\$)  \$65.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions)
Date 03/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) County Clerk		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 13/24
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 02/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Marsha (Mrs.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<b>7</b> Amount of Contribution (\$)  \$65.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Steffek, Virginia (Mrs.) <hr/> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Tanner, Julie (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)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 14/24	
<b>2</b> FILER NAME Great State Republicans		<b>3</b> Filer ID (Ethics Commission Filers) 00084922	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
<b>5</b> Date 04/22/2024	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renger, Karen (Mrs.)	<b>8</b> Amount of contribution (\$) \$42.60	<b>9</b> In-kind contribution description Refreshments
	<b>7</b> Contributor address; City; State; Zip Code  Hallettsville, TX 77964	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Retired		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)	
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)	
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/10 Rpt: 15/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 05/03/2024	<b>5</b> Payee name Amazon	
<b>6</b> Amount (\$) \$91.14  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 410 Terry Ave. N  Seattle, WA 98109	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/25/2024	Payee name Cabos San Lucos	
Amount (\$) \$69.75  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1636 N. Texana  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/29/2024	Payee name Cabos San Lucos	
Amount (\$) \$79.19  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1636 N. Texana  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

Advertising Expense  
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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/10 Rpt: 16/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 01/29/2024	<b>5</b> Payee name Dollar General
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<b>6</b> Amount (\$)  \$14.80  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 207 N. Texana  Hallettsville, TX 77964
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/26/2024	Payee name El Vacquero
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Amount (\$)  \$71.16  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 114 N. LaGrange  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2024	Payee name El Vacquero
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Amount (\$)  \$50.18  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 114 N. LaGrange  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meals
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/10 Rpt: 17/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 04/23/2024	<b>5</b> Payee name Greater Houston Council of Fed. Women
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<b>6</b> Amount (\$) \$30.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4851 W. Fork Blvd.  Conroe, TX 77304
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/29/2024	Payee name Hallettsville Chamber of Commerce
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Amount (\$) \$45.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1614 N. Texana  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/19/2024	Payee name Hallettsville Chamber of Commerce
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Amount (\$) \$22.50  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1614 N. Texana  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/10 Rpt: 18/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
<b>4</b> Date 01/10/2024	<b>5</b> Payee name Hallettsville Chamber of Commerce	
<b>6</b> Amount (\$) \$105.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1614 N. Texana  Hallettsville, TX 77964	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 06/10/2024	Candidate/Officeholder name Lavaca County Office Supplies	
Amount (\$) \$12.92  <input type="checkbox"/> Expenditure from corporate funds	Office sought 107 N. Main  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/19/2024	Candidate/Officeholder name Lavaca County Office Supplies	
Amount (\$) \$42.99  <input type="checkbox"/> Expenditure from corporate funds	Office sought 107 N. Main  Hallettsville, TX 77964	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 5/10 Rpt: 19/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 04/12/2024	<b>5</b> Payee name Lone Star Badges
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<b>6</b> Amount (\$) \$22.30  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 404 Quail Run Rd.  Martindale, TX 78655
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Badges
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/19/2024	Payee name Lone Star Badges
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Amount (\$) \$30.69  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 404 Quail Run Rd.  Martindale, TX 78655
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Badges
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/27/2024	Payee name Rylan Marak
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Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 412 County Rd. 154  Hallettsville, TX 77964
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gifts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 6/10 Rpt: 20/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 01/23/2024	<b>5</b> Payee name Sam's Club
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<b>6</b> Amount (\$) \$57.54  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 10488 Katy Freeway  Houston, TX 77047
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refreshments
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<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/23/2024	Payee name St. Peter Lutheran Church
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Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 N. Promenade  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2024	Payee name St. Peter Lutheran Church
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Amount (\$) \$450.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 N. Promenade  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hall Rental
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/10 Rpt: 21/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 03/28/2024	<b>5</b> Payee name TFRW
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<b>6</b> Amount (\$) \$300.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 04/10/2024	Payee name TFRW
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Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/23/2024	Payee name TFRW
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Amount (\$) \$125.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 8/10 Rpt: 22/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 06/10/2024	<b>5</b> Payee name TFRW
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<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/19/2024	Payee name TFRW
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Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/22/2024	Payee name TFRW
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Amount (\$) \$25.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/10 Rpt: 23/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922
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<b>4</b> Date 02/06/2024	<b>5</b> Payee name TFRW
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<b>6</b> Amount (\$) \$75.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/28/2024	Payee name TFRW
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Amount (\$) \$225.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 171146  Austin, TX 78717
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/26/2024	Payee name WalMart
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Amount (\$) \$20.89  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1506 N. Texana  Hallettsville, TX 77964
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES 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  
Legal Services

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/10 Rpt: 24/24	<b>2</b> FILER NAME Great State Republicans	<b>3</b> Filer ID (Ethics Commission Filers) 00084922	
<b>4</b> Date 02/28/2024	<b>5</b> Payee name WalMart		
<b>6</b> Amount (\$) \$79.02  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1506 N. Texana  Hallettsville, TX 77964		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held