CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00084922 24 Date Received COMMITTEE Great State Republicans **ELECTRONICALLY FILED** NAME 09/27/2024 TREASURER Davenport, Mona S. (Ms.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation Dissolution report 30th day before election Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 01/01/2024 06/30/2024 **EXPLANATION OF CORRECTION** Filer ID00084922 the Cover Sheet (pg.1) inadvertently had an (x) by "10th day after compaign 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 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 ____ ______, 20_____, to certify which, witness my hand and seal of office.

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

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

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) 00084922 3 COMMITTEE NAME **OFFICE USE ONLY Great State Republicans** Date Received **ELECTRONICALLY FILED** 09/27/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 764 Date Hand-delivered or Date Postmarked Change of Address Hallettsville, TX 77964 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Mona S. NAME NICKNAME LAST **SUFFIX** Davenport STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 106 Hillside Terrace STREET **ADDRESS** (Residence or Business) Hallettsville, TX 77964 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 106 Hillside Terrace MAILING **ADDRESS** Hallettsville, TX 77964 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (361) 798-0731 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** 01/01/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Great State Republicar	าร		00084922	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,407.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,295.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	15,633.09
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		I	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Ms. Mona S	S. Davenport	
		Signature of Car	mpaign Treasu	rer
AFFIX NOTARY	Y STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, th	nis the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of offic	cer administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					4 of 24
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Comm	nission Filers)
Gre	eat Stat	re Republicans	00084922	`	,
		SUBTOTALS			
l	ME OF		SUBTOT	AL AMOUNT	
- 147 11	VIL 01 .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,365.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	42.60
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
			_		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
		LABOR ORGANIZATION			
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
0.	ш	SCHEDGE CO. MICHETARY SOFT CIRT FROM CORF CIRCLES OF EADOR ON	ANIZATION	٦	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
9.	П	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,295.07
	اث			ļ	0,200.01
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
11.	Ш	SCHEDOLE 12. UNFAID INCOMMED OBLIGATIONS		\$	
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	П	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$	
		TO FILER			
i					
1					
l					

	MONETARY POLITICAL CONTRIBUTIONS				SCHEDULE A1	
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/9 Rpt: 5/24	
2	FILER NAME Great State	Republicans		3	Filer ID (Ethics Commission 00084922	Filers)
4	Date 04/30/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Moulton, TX 77975 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
•	Retired	pation / Job title (See instructions)	e Employer (See instructions))		
	Date 04/02/2024	Full name of contributor out-of-state PAC (ID#:_Blahuta, Beverly (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions))		
	Retired					
	Date 04/15/2024	Full name of contributor out-of-state PAC (ID#: Bludau, Joyce (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions))		
	Retired					
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	\$65.00
	Principal occu Retired	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 02/28/2024	Full name of contributor uut-of-state PAC (ID#:_ Bohuslav, Nola (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Dringing!	Moulton, TX 77975	Employer (Coo Instruction 1			
	Retired	pation / Job title (See Instructions)	Employer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/9 Rpt: 6/24	
2	FILER NAME Great State F	Republicans		3	Filer ID (Ethics Commission 00084922	Filers)
4	Date 02/28/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$65.00
0	Dringing! goog	Hallettsville, TX 77964	D. Employer (See Instructions			
8	Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 05/23/2024	Full name of contributor out-of-state PAC (ID#: Cejka-Meyers, Susan (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964	5 1 (0 1 : "			
	Sales	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#: Chovaneta, Melissa (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964				
	Principal occu Secretary	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:Clark, Doris (Ms.) Contributor address; City; State; Zip Code Hallettsville, TX 77964			Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#: Cromey, Nicole (Ms.) Contributor address; City; State; Zip Code Moulton, TX 77975)		Amount of Contribution (\$)	\$50.00
	Principal occu Teacher	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 3/9 Rpt: 7/24	
2	FILER NAME Great State I	Republicans		3	Filer ID (Ethics Commission 00084922	ı Filers)
4	Date 01/29/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$65.00
8	Drincinal occu	Schulenburg, TX 78956 pation / Job title (See Instructions)	9 Employer (See Instructions	-, 		
0	Retired	oation / Job title (See instructions)	5 Employer (See Instructions	>)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID Dobbs, Delores (Mrs.) Contributor address; City; State; Zip Code	#:	•	Amount of Contribution (\$)	\$65.00
		Hallettsville, TX 77964	<u> </u>	Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID Draper, Cheryl (Mrs.) Contributor address; City; State; Zip Code	#:		Amount of Contribution (\$)	\$15.00
		Hallettsville, TX 77964				
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID Foster, James (Mr.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	#:)	•	Amount of Contribution (\$)	\$15.00
	Principal occu Justice of the	pation / Job title (See Instructions) Peach	Employer (See Instructions	5)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID Foyt, Monica (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	#:)		Amount of Contribution (\$)	\$65.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CO	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1	
	The Instru	ction Guide explains how t	o complete this fo	rm.	1	Total pages Schedule A1: Sch: 4/9 Rpt: 8/24	
2	FILER NAME Great State	Republicans			3	Filer ID (Ethics Commission 00084922	Filers)
4	Date 03/26/2024	5 Full name of contributor Greenwell, Kim (Mrs.)6 Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code		7	Amount of Contribution (\$)	\$65.00
		Hallettsville, TX 77964					
8	Principal occu Secretary	pation / Job title (See Instructions)	Ş	Employer (See Instructions	s)		
	Date 03/26/2024	Full name of contributor Henke, Jeanette (Ms.) Contributor address; City; Stat	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)		Employer (See Instructions	 - S)		
	Retired						
	Date 03/13/2024	Full name of contributor Herman, Georgie (Mrs.) Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 03/26/2024	Full name of contributor Herman, Georgie (Mrs.) Contributor address; City; Stat Hallettsville, TX 77964	out-of-state PAC (ID#: e; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/28/2024	Full name of contributor Hrncir, Beverly (Mrs.) Contributor address; City; Stat Hallettsville, TX 77964	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$65.00
	Principal occu Self Employe	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/9 Rpt: 9/24	
2	FILER NAME Great State I	Republicans			3	Filer ID (Ethics Commission 00084922	ı Filers)
4	Date 02/28/2024	5 Full name of contributor Hrncir, Beverly (Mrs.)6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$5.00
8	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	l g	9 Employer (See Instructions	<u> </u>		
	Self Employe			, ,, ,	,		
	Date 01/18/2024	Full name of contributor Hynes, Melba (Mrs.) Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Daine die al access	Hallettsville, TX 77964		For all and a Constructions	<u></u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/18/2024	Full name of contributor Juenke, Olivia (Mrs.) Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$65.00
		Hallettsville, TX 77964					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 01/18/2024	Full name of contributor Juenke, Olivia (Mrs.) Contributor address; City; Sta Hallettsville, TX 77964)		Amount of Contribution (\$)	\$5.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 05/08/2024	Full name of contributor Kallus, Gail (Mrs.) Contributor address; City; Sta Hallettsville, TX 77964	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$65.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULI	E A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/9 Rpt: 10/24	
2	FILER NAME Great State I	Republicans		3	Filer ID (Ethics Commission 00084922	n Filers)
4	Date 05/08/2024	 5 Full name of contributor out-of-state PAC (ID#:_Kallus, Gail (Mrs.) 6 Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$200.00
_		Hallettsville, TX 77964				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Kirk, Ginger (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions)		
	Retired		p.oyo. (800oa aoao	,		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID#:_ Kouba, Elizabeth (Mrs.) Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964				
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID#:_Massey, Gayla (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 04/07/2024	Full name of contributor out-of-state PAC (ID#:_ Montgomery, Nella (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONET	ARY POLITICAL CONTRIBU	TIONS		SCHEDULI	E A1
	The Instru	ction Guide explains how to complete t	his form.	1	otal pages Schedule A1: ch: 7/9 Rpt: 11/24	
2	FILER NAME Great State I	Republicans		1	ler ID (Ethics Commission 0084922	n Filers)
4	Date 03/26/2024	 Full name of contributor out-of-state PAC Mudd, Joan (Mrs.) Contributor address; City; State; Zip Code 		7 Ar	mount of Contribution (\$)	\$65.00
_	Dringing agg	Hallettsville, TX 77964	0 Employer (Con Instructions	<u> </u>		
8	Rancher	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 04/30/2024	Contributor address; City; State; Zip Code	(ID#:)	Aı	mount of Contribution (\$)	\$50.00
	Principal occu	Yoakum, TX 77995 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Self Employe			,		
	Date 01/29/2024	Full name of contributor	(ID#:)		mount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964				
	Principal occu Sales	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 02/28/2024	Full name of contributor out-of-state PAC Peck, Aileen (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	(ID#:)		mount of Contribution (\$)	\$65.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/29/2024	Full name of contributor out-of-state PAC Pence, June (Ms.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	(ID#:)	Ar	mount of Contribution (\$)	\$50.00
	Principal occu Retired	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/9 Rpt: 12/24	
2	FILER NAME Great State F	Republicans		3	Filer ID (Ethics Commission 00084922	ı Filers)
4	Date 04/29/2024	 Full name of contributor out-of-state PAC (ID# Petras, Michael (Mr.) Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$15.00
		LaGrange, TX 78945				
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID# Richards, Judy (Mrs.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
	Principal occur	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions	:) 		
	Retired	Jalion / Job lilie (See instructions)	Employer (See instructions	»)		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID# Rother, Carol (Mrs.) Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$50.00
		Hallettsville, TX 77964				
	Principal occu Rancher	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/28/2024	Full name of contributor out-of-state PAC (ID# Siegel, Christine (Mrs.) Contributor address; City; State; Zip Code Shiner, TX 77984	:)		Amount of Contribution (\$)	\$65.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 03/26/2024	Full name of contributor out-of-state PAC (ID# Steffek, Barbara (Mrs.) Contributor address; City; State; Zip Code Hallettsville, TX 77964	:)		Amount of Contribution (\$)	\$50.00
	Principal occu County Clerk	pation / Job title (See Instructions)	Employer (See Instructions	S)		
			<u> </u>			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 9/9 Rpt: 13/24	
2	FILER NAME Great State	Republicans		3	Filer ID (Ethics Commission 00084922	n Filers)
4	Date 02/28/2024	5 Full name of contributor out-of-state PAC (IE Steffek, Marsha (Mrs.) 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$65.00
8	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Date 04/30/2024	Full name of contributor out-of-state PAC (IE Steffek, Virginia (Mrs.) Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$50.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
	Date 01/22/2024	Full name of contributor out-of-state PAC (IE Tanner, Julie (Mrs.) Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$65.00
	Principal occu	Hallettsville, TX 77964 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Great State Republicans** 00084922 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 04/22/2024 Renger, Karen (Mrs.) \$42.60 I Refreshments 7 Contributor address; City; State; Zip Code Hallettsville, TX 77964 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Retired 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 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)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenolder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/10 Rpt: 15/24	Great State Republicans 00084922
4 Date	5 Payee name
05/03/2024	Amazon
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$91.14	410 Terry Ave. N
Expenditure from corporate funds	Seattle, WA 98109
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Office Supplies
	Office Supplies
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
03/25/2024	Cabos San Lucos
Amount (\$)	Payee address; City; State; Zip Code
\$69.75	1636 N. Texana
Expenditure from corporate funds	Hallettsville, TX 77964
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
'	
Date	Payee name
04/29/2024	Cabos San Lucos
Amount (\$)	Payee address; City; State; Zip Code
\$79.19	1636 N. Texana
Expenditure from corporate funds	Hallettsville, TX 77964
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Meals
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to benefit C/Oi	1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extraory not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/10 Rpt: 16/24	Great State Republicans 00084922					
4 Date	5 Payee name					
01/29/2024	Dollar General					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$14.80	207 N. Texana					
Expenditure from corporate funds	Hallettsville, TX 77964					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense					
EXPENDITORE	Check if Austin, TX, officeholder living expense					
	Refreshments					
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experiorare to benefit C/OI	1					
Date	Payee name					
02/26/2024	El Vacquero					
Amount (\$)	Payee address; City; State; Zip Code					
\$71.16	114 N. LaGrange					
Expenditure from corporate funds	Hallettsville, TX 77964					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Meals					
	Medis					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·					
Date	Payee name					
01/29/2024	El Vacquero					
Amount (\$)	Payee address; City; State; Zip Code					
\$50.18	114 N. LaGrange					
Expenditure from corporate funds	Hallettsville, TX 77964					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Meals					
	ivieais					
Complete CMI V if alian-	Condidate/Officeholder name Office cought					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Great State Republicans Sch: 3/10 Rpt: 17/24 00084922 4 Date Payee name 04/23/2024 Greater Houston Council of Fed. Women 6 Amount (\$) Payee address; City; State; Zip Code \$30.00 4851 W. Fork Blvd. Expenditure from Conroe, TX 77304 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/29/2024 Hallettsville Chamber of Commerce Amount (\$) Payee address; City; State; Zip Code \$45.00 1614 N. Texana Expenditure from Hallettsville, TX 77964 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hall Rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/19/2024 Hallettsville Chamber of Commerce Amount (\$) Payee address: City: State; Zip Code \$22.50 1614 N. Texana Expenditure from corporate funds Hallettsville, TX 77964 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Hall Rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 4/10 Rpt: 18/24	Great State Republicans 00084922				
4 Date	5 Payee name				
01/10/2024	Hallettsville Chamber of Commerce				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$105.00	1614 N. Texana				
Funanditura from					
Expenditure from corporate funds	Hallettsville, TX 77964				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Hall Rental				
	nali Kentai				
Complete CNII V if direct	Candidate/Officeholder name Office sought Office held				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI					
Date	Payee name				
06/10/2024	Lavaca County Office Supplies				
Amount (\$)	Payee address; City; State; Zip Code				
\$12.92	107 N. Main				
Evanditure from					
Expenditure from corporate funds	Hallettsville, TX 77964				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense				
	Check if Austin, TX, officeholder living expense				
	Office Supplies				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	· ·				
Date	Payee name				
01/19/2024	Lavaca County Office Supplies				
Amount (\$)	Payee address; City; State; Zip Code				
\$42.99	107 N. Main				
Expenditure from					
corporate funds	Hallettsville, TX 77964				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Event Expense				
LAI LINDITURE	Check if Austin, TX, officeholder living expense				
	Gifts				
Operated Objects "	Our didn't (Office helden name				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
p. 1	·				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTLED (control of expense and listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 5/10 Rpt: 19/24	Great State Republicans 00084922				
4 Date	5 Payee name				
04/12/2024	Lone Star Badges				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$22.30	404 Quail Run Rd.				
Expenditure from corporate funds	Martindale, TX 78655				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Badges				
	Dauges				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
5.					
Date	Payee name				
06/19/2024	Lone Star Badges				
Amount (\$)	Payee address; City; State; Zip Code				
\$30.69	404 Quail Run Rd.				
— Forestitus from					
Expenditure from corporate funds	Martindale, TX 78655				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Office Overhead/Rental Expense				
EXPENDITORE	Check if Austin, TX, officeholder living expense				
	Badges				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experientare to benefit 6/61					
Date	Payee name				
06/27/2024	Rylan Marak				
Amount (\$)	Payee address; City; State; Zip Code				
\$1,000.00	412 County Rd. 154				
Expenditure from corporate funds	Hallettsville, TX 77964				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Event Expense				
EXPENDITURE	Check if Austin, TX, officeholder living expense				
	Gifts				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
CAPCHARLINE TO DETICITE C/OI	•				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 6/10 Rpt: 20/24	Great State Republicans 00084922				
4 Date	5 Payee name				
01/23/2024	Sam's Club				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$57.54	10488 Katy Freeway				
Expenditure from					
corporate funds	Houston, TX 77047				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense Refreshments				
	renesiments				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
04/23/2024	St. Peter Lutheran Church				
Amount (\$)	Payee address; City; State; Zip Code				
\$150.00	100 N. Promenade				
\$150.00	100 N. Promenade				
Expenditure from corporate funds	Hallettsville, TX 77964				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Event Expense				
	Check if Austin, TX, officeholder living expense Hall Rental				
	Hall Relial				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payeo namo				
02/02/2024	Payee name St. Peter Lutheran Church				
Amount (\$)	Payee address; City; State; Zip Code				
\$450.00	100 N. Promenade				
Expenditure from	H-11-11-11-11-11-11-11-11-11-11-11-11-11				
corporate funds	Hallettsville, TX 77964				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Hall Rental				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.		
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
Sch: 7/10 Rpt: 21/24	Great State Republicans	00084922		
4 Date	5 Payee name	·		
03/28/2024	TFRW			
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е		
\$300.00	P.O. Box 171146			
- Evnanditura from				
Expenditure from corporate funds	Austin, TX 78717			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description		
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.		
E/11 E1191. C.1.		Check if Austin, TX, officeholder living expense Dues		
		bues		
9 Complete ONLY if direct	Candidate/Officeholder name Office sougl	ht Office held		
expenditure to benefit C/OI		it Office field		
Date	D			
04/10/2024	Payee name TFRW			
Amount (\$)	Payee address; City; State; Zip Cod	a		
\$50.00	P.O. Box 171146			
Expenditure from				
corporate funds	Austin, TX 78717			
PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b) Description		
EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
		Dues		
Complete ONLY if direct	Candidate/Officeholder name Office sough	ht Office held		
expenditure to benefit C/OI	1			
Date	Payee name			
05/23/2024	TFRW			
Amount (\$)	Payee address; City; State; Zip Cod	e		
\$125.00	P.O. Box 171146			
Expenditure from corporate funds	Austin, TX 78717			
PURPOSE	(2) 2 .	b) Description		
OF	(a) Category (See Categories listed at the top of this schedule) Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	1 663	Check if Austin, TX, officeholder living expense		
		Dues		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht Office held		
CAPETIGILLITE TO DETICITE C/OTT				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 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 com	plete this form.			
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 8/10 Rpt: 22/24	Great State Republicans	00084922			
4 Date	5 Payee name	•			
06/10/2024	TFRW				
6 Amount (\$)	7 Payee address; City; State; Zip Cod	е			
\$25.00	P.O. Box 171146				
- Evnanditura from					
Expenditure from corporate funds	Austin, TX 78717				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
E/11 E1191. C. L.		Check if Austin, TX, officeholder living expense Dues			
		Dues			
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held			
expenditure to benefit C/OI		onice neta			
Date	Dayee name				
01/19/2024	Payee name TFRW				
Amount (\$)	, ,,	e			
\$25.00	P.O. Box 171146				
Expenditure from corporate funds	Austin, TX 78717				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Dues			
		bucs			
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held			
expenditure to benefit C/OI	<u> </u>				
Date	Payee name				
01/22/2024	TFRW				
Amount (\$)	Payee address; City; State; Zip Cod	۵			
\$25.00	P.O. Box 171146	G			
Ψ23.00	1.0. Box 171140				
Expenditure from corporate funds	Austin, TX 78717				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description			
OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Dues			
		Dues			
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/10 Rpt: 23/24	Great State Republicans 00084922
4 Date	5 Payee name
02/06/2024	TFRW
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$75.00	P.O. Box 171146
Expenditure from corporate funds	Austin, TX 78717
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Dues
	Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/28/2024	TFRW
Amount (\$)	Payee address; City; State; Zip Code
\$225.00	P.O. Box 171146
Expenditure from corporate funds	Austin, TX 78717
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Fees Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Dues
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
02/26/2024	WalMart
Amount (\$)	Payee address; City; State; Zip Code
\$20.89	1506 N. Texana
,	
Expenditure from	Hallettsville, TX 77964
corporate funds	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Supplies
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - C al Committee L -	Gift/Awards/Memorials Expense Gift/Awards/Memorials Exp. Gegal Services Fhe Instruction Guide	Salaries/	Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commis	ssion Filers)
	Sch: 10/10 Rpt: 24/24	Great State I	Republicans			00084922	
4	Date	5 Payee name					
	02/28/2024	WalMart					
6	Amount (\$)	7 Payee address	s; City;	State; Zip C	ode		
	\$79.02	1506 N. Texa	ana				
	Expenditure from corporate funds	Hallettsville,	TX 77964				
8	PURPOSE OF		Categories listed at the to		(b) Description		
	EXPENDITURE	Office Overh	ead/Rental Exper	nse		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
					Office Supp		
9	Complete ONLY if direct	Candidate/Offic	eholder name	Office so	<u> </u>	Office held	
ľ	expenditure to benefit C/O	H Candidate/Offic	enoluei name	Office 30	ugnt	Office field	
ı							
ı							