

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00068853	2 Total pages filed: 8
3 COMMITTEE NAME Texas Republican Assembly		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 101 Nursery Lane Ste 236 Fort Worth, TX 76114		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Ms. Charla	
	NICKNAME LAST SUFFIX	Brotherton	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 Nursery Lane Ste 236 Fort Worth, TX 76114		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2701 W. Berry St. Fort Worth, TX 76109		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 101 Nursery Lane Ste 236 Fort Worth, TX 76114		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2701 W. Berry St. Fort Worth, TX 76109		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	308-5640	
9 REPORT TYPE	<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		
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	02/25/2024		06/30/2024
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
	05/28/2024		

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Texas Republican Assembly	13 Filer ID (Ethics Commission Filers) 00068853
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,300.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,952.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,029.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Charla Brotherton

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC

17 COMMITTEE NAME Texas Republican Assembly		18 Filer ID (Ethics Commission Filers) 00068853
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,300.86
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 2,952.24
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
2 FILER NAME Texas Republican Assembly		3 Filer ID (Ethics Commission Filers) 00068853
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton County Republican Assembly	7 Amount of Contribution (\$) \$630.00
	6 Contributor address; City; State; Zip Code Lake Dallas, TX 75065	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fillmore, Dustin	Amount of Contribution (\$) \$1,150.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76102	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison County Republican Assembly	Amount of Contribution (\$) \$196.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion County Republican Assembly	Amount of Contribution (\$) \$252.00
	Contributor address; City; State; Zip Code Lone Star, TX 75668	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant County Republican Assembly	Amount of Contribution (\$) \$232.86
	Contributor address; City; State; Zip Code Fort Worth, TX 76162	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Texas Republican Assembly		3 Filer ID (Ethics Commission Filers) 00068853
4 Date 02/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tarrant County Republican Assembly <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76162	7 Amount of Contribution (\$) \$840.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

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.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 6/8	2 FILER NAME Texas Republican Assembly	3 Filer ID (Ethics Commission Filers) 00068853
4 Date 06/01/2024	5 Payee name Dwight Consulting	
6 Amount (\$) \$331.26 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 700 Meadow Lane Wylie, TX 75098	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website MAintenance	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Maintenance
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/30/2024	Payee name Jasons Deli	
Amount (\$) \$1,000.53 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 819 E Interstate 20, Ste 130 Rockwall, TX	
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 Food for Evtnt
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/26/2024	Payee name National Federation of Republican Assemblies	
Amount (\$) \$1,055.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Bic 82508 Atlanta, GA 30354	
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 Annual Dues
Complete <u>ONLY</u> 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.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 7/8	2 FILER NAME Texas Republican Assembly	3 Filer ID (Ethics Commission Filers) 00068853
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4 Date 04/30/2024	5 Payee name Plains Capital Bank
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6 Amount (\$) \$12.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 271 Lubbock, TX 79408
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 03/11/2024	Payee name constant Contact
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Amount (\$) \$32.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code Waltham, ME
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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 Email Fee
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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 04/11/2024	Payee name constant Contact
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Amount (\$) \$55.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX
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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 Email Fees
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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.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 8/8	2 FILER NAME Texas Republican Assembly	3 Filer ID (Ethics Commission Filers) 00068853
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4 Date 05/10/2024	5 Payee name constant Contact
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6 Amount (\$) \$410.28 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code TX
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8 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 Email Fees
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 05/13/2024	Payee name constant Contact
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Amount (\$) \$55.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code TX
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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 email fees
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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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