FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00017018 3 COMMITTEE NAME **OFFICE USE ONLY** Star Republican Women Date Received **ELECTRONICALLY FILED** 10/27/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 8675 Date Hand-delivered or Date Postmarked Change of Address Horseshoe Bay, TX 78657-8675 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Pamela NAME NICKNAME LAST **SUFFIX** St Clair STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 115 Diamond Hill STREET **ADDRESS** (Residence or Business) Horseshoe Bay, TX 78657 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 115 Diamond Hill MAILING **ADDRESS** Horseshoe Bay, TX 78657 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (830) 953-9100 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/01/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID (Ethics Commission Filers)	
Star Republican Women			00017018	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Wes Virdell State Repres	sentative	
(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 X check here if this report	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	546.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,391.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	426.36
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,968.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	T DAY \$	18,264.33
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Pamel	la St Clair	
		Signature of Ca	ampaign Treasurer	
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPUSE							Page 3 of 9
2 COMMITTEE NAME Star Republican Wom	en					13 Filer ID 00017018	(Ethics Commission Filers)
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Mr. John N	Messinger Co	ourt Of App	oeals, Justice	
(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.)						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 9
17 COMMIT	EE NAME ublican Women	18 Filer ID 00017018	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 546.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 845.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION)R	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 3,968.44
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 1/3 Rpt: 5/9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description
10/15/2024	Englor, Bobbio (Milor)		\$130.00 Trump hat,flag,socks,key
	7 Contributor address; City; State; Zip Code		ring. Ben Carson book
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)
Retired			(777 1171 1171 1171 1171 1171 1171 1171
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/15/2024	Galbraith, Jeff (Mr.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$150.00 Republican Red 45-47 special edition wine. 4
			wine glasses. wine
	Horseshoe Bay, TX 78657		i purifier. The wand purifies
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	L Check if travel outside of Texas. Complete Schedule TJUDICIAL) (See instructions)
Retired	specially cost time (if extractive costs is,	Employer (Fort Work	() () () () () () () () () ()
Contributor's	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of ! In-kind contribution
10/15/2024	Full name of contributor out-of-state PAC (ID#: Galbraith, Sue (Mrs.)		contribution (\$) description
	Contributor address; City; State; Zip Code		\$150.00 Melania Book
			_
	Horseshoe Bay, TX 78657	I	Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
Retired Contributor's principal occupation (FOR JUDICIAL) Contributor			(FOR JUDICIAL) (See instructions)
	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2: Sch: 2/3 Rpt: 6/9	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	ican Women		00017018	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$	
	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution contribution (\$) description	
10/15/2024	ridocoy, ridary		\$125.001	
	7 Contributor address; City; State; Zip Code			
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	-JUDICIAL) (See instructions)	
retired				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)	
	ompleyeman iiii (i erceesien E)	20 Law IIIII of oonansate	is a apoulou (ii diriy) (i direction in in)	
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution	
10/15/2024	Jackson, Julie (Mrs.)		contribution (\$) description \$65.00 Bling Trump hat. earrings	
	Contributor address; City; State; Zip Code		socks Trump Pen &	
			sticker	
	Horseshoe Bay, TX 78657			
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-JUDICIAL) (See instructions) -The complete Schedule T. -JUDICIAL) (See instructions)	
retired			,	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
if contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Data	Full name of contributor		Amount of In-kind contribution	
Date 10/15/2024	Full name of contributor out-of-state PAC (ID#: Rossini, Terri (Mrs.))	contribution (\$) description	
10/10/2021	Contributor address; City; State; Zip Code		\$40.00 i 6 scented sops,loofa,wire	
	Continuation duditions, City, Citato, Elp Code		basket bath sponge 3 tea candles,blue bird	
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.	
	Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) (See instructions)			
Retired Contributorio principal accuration (FOR JUDICIAL) Contributorio principal accuration (FOR JUDICIAL) Contributorio principal accuration (FOR JUDICIAL)			(FOR HIDICIAL) (See instructions)	
Continutors	Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions)			
Contributor's employer/law firm (FOR JUDICIAL) Law firm of co			or's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Cuide explains how to complete this form			1 Total pages Schedule A2:
The Instruction Guide explains how to complete this form.			Sch: 3/3 Rpt: 7/9
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	lican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
10/15/2024	Smyth, Lydia (Mrs.)		contribution (\$) description \$85.00 Jane Marie Overnight
	7 Contributor address; City; State; Zip Code		large bag,makeup
			bag,change purse
	Blanco, TX 78606		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Retired			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution
10/15/2024	St Clair, Pamela (Mrs.)		contribution (\$) description \$100.00 Fall pumpkin
	Contributor address; City; State; Zip Code		arrangement.
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)
Retired			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL)		or's spouse (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 1/2 Rpt: 8/9	Star Republican Women 00017018		
4 Date	5 Payee name		
10/25/2024	Beeman, Debbie (Mrs.)		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$599.01	128 Nightshade		
Expenditure from			
corporate funds	Horseshoe Bay, TX 78657		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Items for fundraising & Supplies		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	Н		
Date	Payee name		
10/15/2024	Graves, Yuki Ann (Mrs.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$443.07	9740 W. FM2147 #4068		
Expenditure from corporate funds	Horseshoe Bay, TX 78657		
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 Food		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O	н		
Date	Payee name		
10/15/2024	Messinger, John (Mr.)		
Amount (\$)	Payee address; City; State; Zip Code		
\$500.00	508 Bellaire Oaks		
Expenditure from corporate funds	Pflugerville, TX 78660		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	\$500.00 Check if travel outside of Texas. Complete Schedule T.		
LAFENDITORE	Check if Austin, TX, officeholder living expense		
	Canidate Donation		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/O			

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gift/Awards/Memorials Expense Printing Expense Travel Out of District 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: 2/2 Rpt: 9/9	Star Republican Women 00017018
4 Date	5 Payee name
10/15/2024	Virdell, Wes (Mr.)
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	PO Box 147
Expenditure from corporate funds	Brady, TX 76825
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	2000.00 Check if travel outside of Texas. Complete Schedule T.
LAPENDITORE	Check if Austin, TX, officeholder living expense
	Canidate Donation
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held