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** 01/06/2025 4 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** 10/27/2024 **THROUGH** 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ 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)
Star Republican Won	nen		00017018	
14 COMMITTEE	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)	л. Зарритеа		
		B. Opposed		
	3. 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 ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	930.23
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	2,035.23
	· - ` ` 	DGES, LOANS, OR GUARANTEES OF LOANS)		2,000.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	3,553.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	19,598.39
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	HE \$	0.00
16 AFFIDAVIT			<u>'</u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Pamela	St Clair	
		Signature of Car		er
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
of	, 20, to certify \	which, witness my hand and seal of office.		u
-				
Signature of officer	administering oath	Printed name of officer administering oath	Title of office	er administering oath

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

				3 of 13
l		EE NAME blican Women	18 Filer ID 00017018	(Ethics Commission Filers)
19 SC	HEDULI	SUBTOTALS		OUDTOTAL ALIQUINT
NA	ME OF	SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 930.23
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,105.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	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 (DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 3,553.73
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	\$

			_	Λ 🔿
SCH	IED	UL	.E	AZ

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
		Sch: 1/7 Rpt: 4/13	
2 FILER NAME	Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4	ican women		00017018
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
12/17/2024	Alexander, Lisa		\$100.00 Centerpiece
	7 Contributor address; City; State; Zip Code		
	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	rational and an expension (EOD JUDIOIAL)	40 Occasiles acute into title	(FOR HIDIOIAL) (Considerations)
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	r's spouse (if any) (FOR JUDICIAL)
			, ,,,
16 If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution
12/17/2024	Beeman, Debbie (Mrs.)		contribution (\$) description \$40.00 Casserole
	Contributor address; City; State; Zip Code		
			1
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	-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 contribute	r's spouse (if any) (FOR JUDICIAL)
Contributors	employemaw iiiii (i ork ooblon E)	Law iiiiii or contribute	is a spouse (ii arry) (i arr do bioin in)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:		Amount of In-kind contribution
12/17/2024	Blank, Sharron		contribution (\$) description \$35.00 Centerpiece
	Contributor address; City; State; Zip Code		i
			i I
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Retired			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributoria	omployer/law firm (FOR 1HDIOLAL)	Low firm of contribute	ur's engues (if any) (EOD TUDICIAL)
Contributor's	employer/law firm (FOR JUDICIAL)	Law IIIII OI CONTIDUTO	r's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	· · · · · · · · · · · · · · · · · · ·		

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 2/7 Rpt: 5/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Star Republ	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
12/05/2024	Boss-Lee, Sue		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$70.00 Nativity Holy Family
	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	I-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)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ı	
Date	Full name of contributor out-of-state PAC (ID#:	\	Amount of ! In-kind contribution
12/17/2024	Bowen, Gayla		contribution (\$) description
	Contributor address; City; State; Zip Code		\$20.00 Centerpiece
	Contributor address, City, State, Zip Code		i
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	
Retired	, , , , , , , , , , , , , , , , , , , ,		, ,
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	,		(() () () () ()
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Continuation	omployernav IIIII (i ett debien iz)	Law min or contribute	or a appearation (if arrive 2 low let)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii contributor	is a clina, law little of parcha(s) (ii arry) (i on sobicine)		
<u> </u>			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
12/17/2024	Boyd, Sara (Mrs.)		\$40.00 Casserole
	Contributor address; City; State; Zip Code		
			į
	Hereaches Day TV 70657		_
Daine in all acces	Horseshoe Bay, TX 78657	Faralas as (FOR NO)	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	· · · · · · · · · · · · · · · · · · ·	0 1 1 1 1 1 1 1 1	(EQD 31/210141) (Quality still)
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 3/7 Rpt: 6/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Star Republ	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
12/17/2024	Engler, Debbie (Mrs.)		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$20.00 Centerpiece
			İ
	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	I-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)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	l	
Date	Full name of contributor		Amount of ! In-kind contribution
12/05/2024	Full name of contributor out-of-state PAC (ID#: Engler, Debbie (Mrs.)		contribution (\$) description
12/00/2024			\$40.00 Casserole
	Contributor address; City; State; Zip Code		
	Horseshoe Bay, TX 78657		Charle if travel sustaids of Taylor Complete Schoolule T
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. J-JUDICIAL) (See instructions)
Retired	,		,
	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
	p((
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
Contributor 3	employernaw iiim (i en debieine)	Law iiiii or contribute	of a spouse (ii arry) (i or tooblowle)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
ii contributor	is a clind, law little of parend(s) (if any) (if of 3001CIAE)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
12/17/2024	Graves, Yuki		\$40.00 Casserole
	Contributor address; City; State; Zip Code		
			i
	Harrack on Day TV 70057		_
	Horseshoe Bay, TX 78657	l	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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

			_	Λ4	7
SCF	1EC	UL	.E	A	_

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 4/7 Rpt: 7/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Star Republ	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date 12/17/2024	7 Contributor address; City; State; Zip Code		8 Amount of solution (\$) In-kind contribution description \$40.00 Casserole
	Horseshoe Bay, TX 78657	i	Check if travel outside of Texas. Complete Schedule T.
10 Principal occu Bookkeeper	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)
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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	(4)(4)		
Date 12/17/2024	Full name of contributor out-of-state PAC (ID#: Hussey, Kathy Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$115.00 Two centerpieces
	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	principal accumption (FOR HIDICIAL)	Contributorio iob titlo	(FOR JUDICIAL) (See instructions)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See Instituctions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributo	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12/17/2024	Full name of contributor out-of-state PAC (ID#: Jackson, Julie (Mrs.) Contributor address; City; State; Zip Code		Amount of In-kind contribution contribution (\$) description \$40.00 Casserole
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occu retired	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-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 i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I	

			_	Λ4	7
SCF	1EC	UL	.E	A	_

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 5/7 Rpt: 8/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Star Republ	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of 9 In-kind contribution
12/17/2024	Jones, Monica		contribution (\$) description \$20.00 Centerpiece
	7 Contributor address; City; State; Zip Code		I \$20.001 Cernerpiece
	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	I-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)
16 If contributor i	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
12/17/2024	Jones, Monica		contribution (\$) description
	Contributor address; City; State; Zip Code		\$140.00 Centerpiece Gold Deer
			İ
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occı	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 contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	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
12/17/2024	Lee, Joni		contribution (\$) description
	Contributor address; City; State; Zip Code		\$55.00 Holiday centerpiece
			!
	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)
Human Res	ources		
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

			_	Λ 🔿
SCH	IED	UL	.E	AZ

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A2: Sch: 6/7 Rpt: 9/13
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Star Republ	ican Women		00017018
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution
12/17/2024	<u> </u>		contribution (\$) description
	7 Contributor address; City; State; Zip Code		\$40.00 Centerpiece
	, , , ,		!
			i
	Marble Falls, TX 78654		Check if travel outside of Texas. Complete Schedule T.
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	
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)
	,		, , , , ,
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
20 ii continuator	is a sima, law iiiii or parent(e) (ii ariy) (i ort oosion te)		
			T
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution contribution (\$) description
12/17/2024	Merck, Janice		\$50.00 Centerpiece
	Contributor address; City; State; Zip Code		
			i
	Harasahaa Bay TV 70057		_
<u> </u>	Horseshoe Bay, TX 78657	T = 1 (500 NO)	Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-JUDICIAL) (See instructions)
Retired	· · · / (500 NIDION)	0 17 1 1 1 1 1 1	(505 11510141) (0;)
Contributors	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)
			(() () () () () () () () () (
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)
If contributor i	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor ut-of-state PAC (ID#:)	Amount of In-kind contribution
12/17/2024	Roeder, Marie		contribution (\$) description \$50.00 Centerpiece
	Contributor address; City; State; Zip Code		I Sociol Centerpiece
			į į
	Horseshoe Bay, TX 78657		Check if travel outside of Texas. Complete Schedule T.
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	N-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 contribute	or's spouse (if any) (FOR JUDICIAL)
	•		•
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1	

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 7/7 Rpt: 10/13 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Star Republican Women 00017018 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/05/2024 Silver, Sam \$150.00 16X24Trump fight poster. 7 Contributor address; City; State; Zip Code House divided board game. Misc. memorabilia Horseshoe Bay, TX 78657 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)

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment		•	s/Wage	s/Contract Labor OTHER (enter a category not listed above)					
_		_	The Instruction Guide explains how to	compi						
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 1/3 Rpt: 11/13		Star Republican Women		00017018					
4	Date	5	Payee name		•					
	12/29/2024		Beeman, Debbie (Mrs.)							
_	Amount (\$)	7	Payee address; City; State; Zip C	20do						
U	, ,	 ′		Joue						
	\$231.03		128 Nightshade							
_	Expenditure from									
L	corporate funds		Horseshoe Bay, TX 78657							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
•	OF	(",	Event Expense	(~)	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Event Expense		Check if Austin, TX, officeholder living expense					
					Supplies for Arrangements					
<u> </u>	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so		Office held					
3	expenditure to benefit C/O		Januale/Onicenduel name Onice St	Jugin	Office field					
	Date		Payee name							
	11/19/2024		Boyd, Sara (Mrs.)							
	Amount (\$)	⊢	Payee address; City; State; Zip C	20do						
	, ,		·	Joue						
	\$350.00		120 Azalea							
_	Expenditure from									
L	corporate funds		Horseshoe Bay, TX 78657							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
	OF	l`´	Cleaning of tablecloths	`	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Clouring of tableologic		Check if Austin, TX, officeholder living expense					
					Reimbursement for clubs cleaning of tablecloths					
	Complete ONLY if direct		Candidate/Officeholder name Office so	ouaht	Office held					
	expenditure to benefit C/O			9						
		_								
	Date		Payee name							
	10/29/2024		Horseshoe Bay Becon							
	Amount (\$)		Payee address; City; State; Zip (Code						
	\$280.00		P.O. Box 4845							
г	Expenditure from									
_	corporate funds		Horseshoe Bay, TX 78657							
_	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description					
OF EXPENDITURE			Advertising Expense		Check if travel outside of Texas. Complete Schedule T.					
	LAFLINDITURE				Check if Austin, TX, officeholder living expense					
					Get the vote out					
	Complete ONLY if direct		Candidate/Officeholder name Office so	ought	Office held					
	expenditure to benefit C/O	Н		-						

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

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Se				Vages	/Contract Labor		OTHER (enter a	a category not listed	above)
				The Ins	struction Gui	ide explains l	now to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commi	ission Filers)
	Sch: 2/3 Rpt: 12/13		Star Republ	ican V	Vomen						00017018		
4	Date	5	Payee name										
	11/18/2024		Jackson, Ju	lie									
6	Amount (\$)	7	Payee addres	35.	City;	State:	Zip Co	nde					
•	\$268.35	ľ	813 12th St	•	J.,	O totto,	p 00						
	Ψ200.00		010 12111 01	CCL									
	Expenditure from		= "										
<u> </u>	corporate funds		Marble Falls	5, IX <i>I</i>	78654								
8	PURPOSE	(a)	Category (Se	e Catego	ories listed at the	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Event Expe	nse					=			nplete Schedule T.	
									Reimburseme		officeholder living		
									lunch	5111	ioi veterari	5	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholde	er name	C	Office sou	ght			Office h	eld	
	experialitate to benefit of of												
	Date		Payee name										
	12/05/2024		Jackson, Ju	lie									
	Amount (\$)		Payee addres	SS;	City;	State;	Zip Co	de					
	\$360.00		813 12th St	reet									
Г	Expenditure from		Marble Falls	• TV 7	79654								
	corporate funds	_											
	PURPOSE OF	(a)	Category (Se		ories listed at the	e top of this sch	edule)	(b)	Description		d4.T O	onlete Celeville T	
	EXPENDITURE		Event Expe	nse					=		officeholder livin	nplete Schedule T.	
									Veterans Lun			9	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholde	er name		Office sou	aht			Office h	ماط	
	expenditure to benefit C/O		candidate/Oni	ceriolae	ci ridiric		mice 30a	giit			Office II	Ciu	
		_											
	Date		Payee name										
	12/17/2024		Merck, Jani	ce									
	Amount (\$)		Payee addres	ss;	City;	State;	Zip Co	de					
	\$419.33		803 Round	Up									
	Expenditure from corporate funds		Horseshoe	Вау, Т	X 78657								
	PURPOSE	(a)	Category (Se	- Cotons	rice lieted at th	a top of this cale	adula)	(b)	Description				
	OF	(~)	Event Expe		ones iisteu at tri	e top of this sche	edule)	(~)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Event Expe	100					Check if Austin,	TX,	officeholder living	g expense	
									Reimburseme	ent	for Christm	as	
									lunch				
	Complete ONLY if direct	(Candidate/Offi	ceholde	er name	C	Office sou	ght			Office h	eld	
	expenditure to benefit C/O	Н											

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 Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

eimbursement Solicitation/Fundraising Expense
rntal 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 complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 3/3 Rpt: 13/13	Star Republican Women	00017018				
4 Date	5 Payee name	-				
11/02/2024	TFRW					
6 Amount (\$)	7 Payee address; City; State; Zip Coo	de				
\$395.00	P.O. Box 171146					
Expenditure from corporate funds	Austin, TX 78717					
8 PURPOSE		(b) Description				
OF	(a) Category (See Categories listed at the top of this schedule) Membership	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE		Check if Austin, TX, officeholder living expense				
		Memberships				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght Office held				
experientare to benefit e/of	<u>'</u>					
Date	Payee name					
11/25/2024	TFRW					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$775.00	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	Memberships	Check if travel outside of Texas. Complete Schedule T.				
EXI ENDITORE		Check if Austin, TX, officeholder living expense				
		Memberships				
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht Office held				
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Tit. Office field				
Date	Payee name					
12/27/2024	TFRW					
Amount (\$)	Payee address; City; State; Zip Coo	de				
\$475.00	P.O. Box 171146					
Expenditure from						
corporate funds	Austin, TX 78717					
PURPOSE OF	2 ((b) Description				
EXPENDITURE	Memberships	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		Memberships				
		•				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ht Office held				
expenditure to benefit C/OH						