

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) 00087770	2 Total pages filed: 12
3 COMMITTEE NAME Bright Star Republican Women			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/10/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 760 FM 1537 Sulphur Springs, TX 75482		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Debbie NICKNAME LAST SUFFIX Harris		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 760 FM 1537 Sulphur Springs, TX 75482		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 760 FM 1537 Sulphur Springs, TX 75482		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 497-0886		
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 01/01/2025 THROUGH Month Day Year 06/30/2025		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Bright Star Republican Women		13 Filer ID (Ethics Commission Filers) 00087770
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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,088.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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.

Debbie Harris

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**FORM GPAC**
COVER SHEET PG 3
3 of 12

17 COMMITTEE NAME Bright Star Republican Women		18 Filer ID (Ethics Commission Filers) 00087770
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,088.26
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 0.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,348.02
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: 1/3 Rpt: 4/12
2 FILER NAME Bright Star Republican Women		3 Filer ID (Ethics Commission Filers) 00087770
4 Date 01/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell , Chasity <hr/> 6 Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Tax Collector Admin		9 Employer (See Instructions) Hopkins
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dutton, Jill <hr/> Contributor address; City; State; Zip Code Ben Wheeler, TX 75754	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director of Administration		Employer (See Instructions) CA Partners, Inc
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findley, Melonie <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) LMSW		Employer (See Instructions) Centric Home health and Hospice
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins County Republican Party <hr/> Contributor address; City; State; Zip Code Sulphur Sorings, TX 75482	Amount of Contribution (\$) \$5,984.13
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins County Republican Party <hr/> Contributor address; City; State; Zip Code Sulphur Sorings, TX 75482	Amount of Contribution (\$) \$100.00
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: 2/3 Rpt: 5/12
2 FILER NAME Bright Star Republican Women		3 Filer ID (Ethics Commission Filers) 00087770
4 Date 04/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Melissa <hr/> 6 Contributor address; City; State; Zip Code Dike, TX 75437	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Christus
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOTTS, KASEY (Mrs.) <hr/> Contributor address; City; State; Zip Code SULPHUR SPRINGS, TX 75482	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) INSURANCE AGENT		Employer (See Instructions) TULLY INSURANCE
Date 04/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWSOM, ROBBIE <hr/> Contributor address; City; State; Zip Code SULPHUR SPRINGS, TX 75482	Amount of Contribution (\$) \$80.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 02/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PADDOCK, LEE (Ms.) <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) Retired
Date 01/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRICE, ANGELA (Ms.) <hr/> Contributor address; City; State; Zip Code SULPHUR SPRINGS, TX 75482	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) SHERIFFS ASSISTANT		Employer (See Instructions) HOPKINS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/12
2 FILER NAME Bright Star Republican Women		3 Filer ID (Ethics Commission Filers) 00087770
4 Date 02/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Townsend, Melanie <hr/> 6 Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Tully Insurance Agency
Date 04/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weatherman, Karon <hr/> Contributor address; City; State; Zip Code Sulphur Springs, TX 75482	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Murray-Orwosky

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

Sch: 1/1 Rpt: 7/12

2 FILER NAME

Bright Star Republican Women

3 Filer ID (Ethics Commission Filers)

00087770

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 8/12
2 FILER NAME Bright Star Republican Women		3 Filer ID (Ethics Commission Filers) 00087770
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None	15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/4 Rpt: 9/12	2 FILER NAME Bright Star Republican Women	3 Filer ID (Ethics Commission Filers) 00087770
4 Date 01/13/2025	5 Payee name Buff City Soap	
6 Amount (\$) 152.63 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 217 Main St Sulphur Springs, TX 75482	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Speaker Gifts
Date 02/11/2025	Payee name Buff City Soap	
Amount (\$) 21.65 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 217 Main St Sulphur Springs, TX 75482	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Speaker Gift
Date 01/31/2025	Payee name Guaranty Bank & Trust	
Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1158 Mt. Pleasant, TX 75456-1158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Charge for Account
Date 02/28/2025	Payee name Guaranty Bank & Trust	
Amount (\$) 15.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. Box 1158 Mt. Pleasant, TX 75456-1158	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee for Account

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 2/4 Rpt:	2 FILER NAME Bright Star Republican Women	3 Filer ID (Ethics Commission Filers) 00087770
4 Date 03/31/2025	5 Payee name Guaranty Bank & Trust	
6 Amount (\$) 5.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. Box 1158 Mt. Pleasant, TX 75456-1158	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (See instructions regarding type of information required.) Service Fee for Account
Date 01/21/2025	Payee name Hewitt, Kim	
Amount (\$) 22.94 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2885 CR 1163 Brashear, TX 75420	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Reimbursement for Inaugural Event
Date 04/08/2025	Payee name Hewitt, Kim	
Amount (\$) 14.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 2885 CR 1163 Brashear, TX 75420	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Postage	(b) Description (See instructions regarding type of information required.) Postage
Date 01/13/2025	Payee name Hobbs, Christopher	
Amount (\$) 100.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 210 Duckworth St Apt 24 Sulphur Springs , TX 75482	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Office Overhead/Rental Expense	(b) Description (See instructions regarding type of information required.) Window Cleaning

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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1 Total pages Schedule I: Sch: 3/4 Rpt:	2 FILER NAME Bright Star Republican Women	3 Filer ID (Ethics Commission Filers) 00087770
4 Date 04/10/2025	5 Payee name MWS	
6 Amount (\$) 250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 1021 Main St Sulphur Springs, TX 75482	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Event Expense	(b) Description (See instructions regarding type of information required.) Helium Deposit
Date 01/21/2025	Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
Amount (\$) 200.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Advertising Expense	(b) Description (See instructions regarding type of information required.) Table Sponsorship
Date 02/13/2025	Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
Amount (\$) 20.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 02/13/2025	Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
Amount (\$) 328.90 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 4/4 Rpt:	2 FILER NAME Bright Star Republican Women	3 Filer ID (Ethics Commission Filers) 00087770
4 Date 02/26/2025	5 Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
6 Amount (\$) 25.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 04/09/2025	Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
Amount (\$) 101.20 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 04/30/2025	Payee name TEXAS FEDERATION OF REPUBLICAN WOMEN	
Amount (\$) 50.60 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip P.O. BOX 171146 AUSTIN, TX 78717-0041	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Fees	(b) Description (See instructions regarding type of information required.) Membership Fees
Date 04/09/2025	Payee name Tierra del Sol	
Amount (\$) 35.00 <input type="checkbox"/> Expenditure from corporate funds	Payee Address; City; State; Zip 1402 Mockingbird Ln Sulphur Springs , TX 75482	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Gift/Awards/Memorials Expense	(b) Description (See instructions regarding type of information required.) Speaker Gift - Gift Card