# GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide	e explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
COMMITTEE NAME		The same is a same of	OFFICE USE ONLY	
<	STAR PATRIOTS		Date Received  RECEIVED	
COMMITTEE ADDRESS  Change of Address	STEINY # 200	7/14/25  Texas Ethics Commission		
	FRIS (0, TX 7		Date Hand-delivered or Date Postmarked	
TREASURER NAME	MS/MRS/MR FIRST  CAROL	MI	Receipt # Amount \$  Date Processed 7/14/25	
	NICKNAME LAST  ADAI		Date Imaged	
6 CAMPAIGN TREASURER STREETADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE  GIZS LUTHER LANE STE 245  DALLAS, TX 75225			
7 CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT /	SUITE #; CITY; STATE;	ZIP CODE	
Change of Address	y a real record conductors in the	ar an al applicate agreement	A HIGHER	
8 CAMPAIGN TREASURER PHONE	(972) 467-Z	EXTENSION		
9 REPORTTYPE	January 15  July 15	30th day before election  8th day before election  Runoff	Dissolution Report (Attach PAC-DR)  10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
11 ELECTION	ELECTION DATE  Month Day Year Prima  Gene		Other  Description————————————————————————————————————	
	GO TO	PAGE 2		

# GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

### FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME	Sol Coo	575	13 Filer ID (Ethics Commission Filers)
			000 852 88
14 COMMITTEE	1. Candidates	A. Supported	
ACTIVITY	(Identify by name or, if		
(Attach lists on plain	applicable, classify by party.)	B. Opposed	
paper to complete this			
report if necessary.)	2. Measures	A. Supported	
		A. Supported	
	(Describe by date and location of election and		Specifical Section 201
	nature of issue.)	B. Opposed	
	3. Officeholders		
	Assisted		
	(Identify by name or, if		
	applicable, classify by party.)		
15 CONTRIBUTION	TOTAL UNITEMIZED P	OLITICAL CONTRIBUTIONS (OTHER THA	N
TOTALS		R GUARANTEES OF LOANS, OR	\$
	CONTRIBUTIONS MAD	DE ELECTRONICALLY)	transfer to the second
	Check here if this repo	ort qualifies for the higher itemization thre	shold Ö. 00
	2. TOTAL POLITICAL O	CONTRIBUTIONS	
	7.74.1 ST 10.74.1 ST 1	ES, LOANS, OR GUARANTEES OF LOANS	\$
		EG, EG/MG, GN GG/MVMTEEG GT EGANG	0,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	OLITICAL EXPENDITURES	\$ 0.00
TOTALS			0.00
	4. TOTAL POLITICAL E	XPENDITURES	\$
			1113 71
CONTRIBUTION	5. TOTAL POLITICAL CON	NTRIBUTIONS MAINTAINED AS OF THE LA	ST DAY
BALANCE	OF THE REPORTING F		ST DAY \$ 6,0%6.79
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE			OF THE
LOAN TOTALS	LAST DAY OF THE RE	PORTING PERIOD	\$ 0.00
		The second secon	
		alty of perjury, that the accompanyi	
	includes all information requi	red to be reported by me under Title	
		MS. CARO	A DAMS
		Signature of Campa	ign Treasurer (Declarant)
	D		
	Please co	omplete either option below:	
(1) Affidavit			
AFFIX NOTARY STAMP	CEAL ABOVE		
AFFIX NOTARY STAMP	SEALABOVE		
Sworn to and subscrib	bed before me, by the said		, this the
day of	20 to certify whi	ch, witness my hand and seal of offi	ce.
ddy or			
Signature of officer adm	ninistering oath Printed r	name of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarat	ion		
My name is	TEVEN NOSKIN	. and mv date of birth	s
K1700	1 / 2Rado RO Co	and my date of birth in the second se	* 75034 CKA
iviy address is	(street)	(city)	(state) (zip code) (country)
Executed in Dear	County State of TE	ZAS on the IYM day of	ULY , 20 75.
LAGOUIGU III	Journey, State of	(n	nonth) (year)
		Signature of (	Campaign Treasurer (Declarant)

## **SUBTOTALS-GPAC**

## FORM GPAC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Com	mission Filers)
	STAR VATRIOTS	000852	28
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	Bother Athur P. C.	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LA	BOR ORGANIZATION	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORF ORGANIZATION	PORATION OR LABOR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR C	RGANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAB	BOR ORGANIZATION	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB	OR ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$ 7,642.74
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	sancia reggi	\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	Check Harrist C.	\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **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 Salaries/Wades/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	omplete this form.	Guidi (emer a ann g	
2 FILER NAME			Commission Filers)
7 Payee address; 6116 TAYRTLE LAWS	City; Flys Co	State;	Zip Code
(a) Category (See Categories listed at the top of this schedule)	(b) Description	いろいている	
(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Candidate / Officeholder name	Office sought		Office held
Payee name			
LIMBER JOSEPH	ર્જ		
Payee address; RASOR BIUD	City; PLI	State;	75023
Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.			g expense
Candidate / Officeholder name	Office sought		Office held
Payee name			
Payee address;	City;	State;	Zip Code
Category (See Categories listed at the top of this schedule)	Description		
Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	ng expense
Check it lave delate of forces			
Candidate / Officeholder name	Office sought		Office held
	2 FILER NAME  5 Payee name  6 116	The Instruction Guide explains how to complete this form.  2 FILER NAME TAR ATLANT TAR ATLANT  5 Payee name  ONTS 4 FIDS N  7 Payee address; City: Cartegory (See Categories listed at the top of this schedule)  (b) Description  Control  Condidate / Officeholder name  Office sought  Payee address; Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Candidate / Officeholder name  Office sought  Category (See Categories listed at the top of this schedule T.  Candidate / Officeholder name  Payee name  Category (See Categories listed at the top of this schedule T.  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)  Description  Category (See Categories listed at the top of this schedule)  Description	The Instruction Guide explains how to complete this form.  2 FILER NAME TAR THOTS 3 Filler ID (Ethics 000 85 5 Payee name 00354 F1D50 7 Payee address; G116 F174 F1 F1 Australia Given City: State; G116 F174 F1 Australia Given City: State; G117 G175 F1 Australia Given City: State; G118 F174 F175 F175 F175 F175 F175 F175 F175 F175



# AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submit	ted with each paper report.		
		Date Hand-deliver	red or Date Postmarked
Beginning on January 1, 2025, a campaign treasurer	of a political committee		
that has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.		Receipt #	Amount \$
		Date Processed	
STAR PATRICTS	Filer ID #	Date Imaged	
	00085288		
<ol> <li>I swear or affirm that the political committee of more than \$33,910 in political contributions or calendar year.</li> <li>I further swear or affirm that the political common computer equipment to keep current records or contribute and the political contributes and the political contributes and the political contributes and the political contributes and the political committee or contributes and the political contributions or calendar year.</li> </ol>	made more than \$33,91	0 in political expe	enditures in a
making political contributions to the committee	e.	political expenditu	ires, or persons
<ol> <li>I further swear or affirm that no person acting with whom the committee contracts, uses com- contributions, political expenditures, or person</li> </ol>	nputer equipment to keen	current records of	of political
4. I further swear or affirm that I understand that reports electronically if the committee, the con committee contracts exceeds \$33,910 in politi year, or uses computer equipment to keep cur expenditures, or persons making political contracts.	nmittee's agent or consul cal contributions or politi rrent records of political c ributions to the committe	Itant, or a person cal expenditures i contributions, polit	with whom the in a calendar tical
5. I am filing this affidavit with the understand that this affidavit is required to be committee is claiming an exemption from elec	report due on filed with each campaign tronic filing.	7 17/2025 finance report fo	r which the
Please complete either option below:			
(1) Affidavit			
	Signa	ature of Campaign Treas	surer
NOTARY STAMP/SEAL Sworn to and subscribed before me by	thin th		
	tris tri	ne day of	
20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of	f officer administering oath	Title of offic	er administering oath
THE COLOR OF COMMENCE AND DESCRIPTION	OR		
(2) Unsworn Declaration			
My name is STATEN NOCKIN	and my date of birth	is _	
My address is 5729 LEBAND RO- 575	144, ARISCO,	17 1203A	USA.

Signature of Campaign Treasurer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received