

**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) 00017018	2 Total pages filed: 23			
3 COMMITTEE NAME Star Republican Women		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/06/2026 Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount <input type="text"/> Date Processed Date Imaged				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address P.O. Box 8675 Horseshoe Bay, TX 78657-8675						
5 CAMPAIGN TREASURER NAME Mrs.	FIRST Diane			MI		
	NICKNAME Stone	LAST SUFFIX				
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 504 Lagoon Loop Horseshoe Bay, TX 78657	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; 504 Lagoon Loop Horseshoe Bay, TX 78657	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (281) 782-9322	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
11 ELECTION	ELECTION DATE Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other		

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**GENERAL-PURPOSE COMMITTEE REPORT:
PURPOSE AND TOTALS**

**FORM GPAC
COVER SHEET PG 2**

12 COMMITTEE NAME Star Republican Women		13 FILER ID (Ethics Commission Filers) 00017018
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 checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 7,298.39
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,661.39
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 1,216.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,036.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 22,396.23
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT		
<p>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.</p> <p style="text-align: right;">Mrs. Diane Stone</p> <hr/> <p style="text-align: right;">Signature of Campaign Treasurer</p>		
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 23

17 COMMITTEE NAME Star Republican Women	18 Filer ID (Ethics Commission Filers) 00017018
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 19,661.39	
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 \$ 12,036.65	
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 checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,000.00	
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: 1/15 Rpt: 4/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anders, Andi (Mrs.)	7 Amount of Contribution (\$) \$160.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Luxury Real Estate Professional		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anders, Andi (Mrs.)	Amount of Contribution (\$) \$48.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Luxury Real Estate Professional		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COUNTISSL, JANIS (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Round Mountain, TX 78663	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: COUNTISSL, JANIS (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Round Mountain, TX 78663	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Calderon Schweitzer, Karen (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/15 Rpt: 5/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calderon Schweitzer, Karen (Mrs.)	7 Amount of Contribution (\$) \$70.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escorpizo, Bernice (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jan (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Jan (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAVES, YUKI (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/15 Rpt: 6/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAVES, YUKI (Mrs.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAVES, YUKI (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUIDRY, KAY (Mrs.)	Amount of Contribution (\$) \$160.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUIDRY, KAY (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GUIDRY, KAY (Mrs.)	Amount of Contribution (\$) \$110.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/15 Rpt: 7/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWZE, KIM (Mrs.)	7 Amount of Contribution (\$) \$120.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWZE, KIM (Mrs.)	Amount of Contribution (\$) \$400.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOWZE, KIM (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Carol (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Sunrise Beach, TX 78643	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Carol (Mrs.)	Amount of Contribution (\$) \$48.00
	Contributor address; City; State; Zip Code Sunrise Beach, TX 78643	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/15 Rpt: 8/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havey, Kathleen (Mrs.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Kingsland, TX 78640	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havey, Kathleen (Mrs.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kingsland, TX 78640	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Havey, Kathleen (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Kingsland, TX 78640	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkinson, Carol (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hecht, Lisa (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/15 Rpt: 9/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Marybeth (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Marybeth (Mrs.)	Amount of Contribution (\$) \$380.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hines, Marybeth (Mrs.)	Amount of Contribution (\$) \$48.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honnors, Donna (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Honnors, Donna (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/15 Rpt: 10/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, JULIE (Mrs.)	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, JULIE (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, JULIE (Mrs.)	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Monica (Mrs.)	Amount of Contribution (\$) \$480.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Peter (Mr.)	Amount of Contribution (\$) \$230.00
	Contributor address; City; State; Zip Code Llano, TX 78643	
Principal occupation / Job title (See Instructions) Llano County Precinct 1 Commissioner		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/15 Rpt: 11/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kepp, Richard (Mr.)	7 Amount of Contribution (\$) \$600.00
	6 Contributor address; City; State; Zip Code Llano, TX 78643	
8 Principal occupation / Job title (See Instructions) Candidate Llano County Judge		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMURTRIE, PAT (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMURTRIE, PAT (Mrs.)	Amount of Contribution (\$) \$48.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCREE-GRABERT, JESSICA (Mrs.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Sunrise Beach, TX 78643	
Principal occupation / Job title (See Instructions) Llano County Republican Party Chair		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mayes, Middleton (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Galveston, TX 77550	
Principal occupation / Job title (See Instructions) Texas State Senator District 11		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/15 Rpt: 12/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Nancy (Ms.)	7 Amount of Contribution (\$) \$600.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRee-Grabert, Jessica (Mrs.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Sunrise Beach, TX 78643	
Principal occupation / Job title (See Instructions) Llano County Republican Party Chair		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shannon (Ms.)	Amount of Contribution (\$) \$700.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Shannon (Ms.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Barbara (Mrs.)	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/15 Rpt: 13/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Barbara (Mrs.)	7 Amount of Contribution (\$) \$70.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neupert, Rosie (Mrs.)	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Cassandra (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Cassandra (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Sheree (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/15 Rpt: 14/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Sheree (Mrs.)	7 Amount of Contribution (\$) \$80.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robb, Sheree (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Belinda (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Belinda (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Louraine (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/15 Rpt: 15/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Louraine (Mrs.)	7 Amount of Contribution (\$) \$40.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roeder, Marie (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roeder, Marie (Mrs.)	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Becky (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rose, Becky (Mrs.)	Amount of Contribution (\$) \$48.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/15 Rpt: 16/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossini, Terri (Mrs.)	7 Amount of Contribution (\$) \$48.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossini, Terri (Mrs.)	Amount of Contribution (\$) \$80.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, DIANE (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, DIANE (Mrs.)	Amount of Contribution (\$) \$120.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STONE, DIANE (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/15 Rpt: 17/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sealaugh, Liz (Ms.)	7 Amount of Contribution (\$) \$240.00
	6 Contributor address; City; State; Zip Code Marble Falls, TX 78654	
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Sam (Ms.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Llano County JP		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyth, Lydia (Mrs.)	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Blanco, TX 78607	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Alan (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Burnet, TX 78611	
Principal occupation / Job title (See Instructions) Burnet County Sheriff		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Virdell, Wes (Mr.)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Llano, TX 78028	
Principal occupation / Job title (See Instructions) US Congressman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/15 Rpt: 18/23
2 FILER NAME Star Republican Women		3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Erin (Ms.)	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
8 Principal occupation / Job title (See Instructions) Horseshoe Bay POA Admin		9 Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Rue (Mrs.)	Amount of Contribution (\$) \$140.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Rue (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Rue (Mrs.)	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Horseshoe Bay, TX 78657	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/4 Rpt: 19/23	2 FILER NAME Star Republican Women	3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/13/2025	5 Payee name Abbott-IPCO Inc	
6 Amount (\$) \$2,456.40	7 Payee address; City; PO Box 551329 Dallas, TX 75355	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Poinsettias for fundraiser sale
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/09/2025	Payee name Bay Kitchens Catering	
Amount (\$) \$2,582.00	Payee address; City; 9710 RM 2147 #101 Horseshoe Bay, TX 78657	
<input type="checkbox"/> Expenditure from corporate funds	(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 Christmas luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Galloway Insurance Agency	
Amount (\$) \$176.00	Payee address; City; PO Box 4366 Horseshoe Bay, TX 78657	
<input type="checkbox"/> Expenditure from corporate funds	(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 Insurance for Bunco fundraiser alcohol service
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/4 Rpt: 20/23	2 FILER NAME Star Republican Women	3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/26/2025	5 Payee name Galloway Insurance Agency	
6 Amount (\$) \$176.00	7 Payee address; City; State; Zip Code PO Box 4366 Horseshoe Bay, TX 78657	
<input type="checkbox"/> Expenditure from corporate funds	(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 Insurance for Christmas Luncheon fundraiser alcohol service
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 07/07/2025	Payee name Go Daddy	
Amount (\$) \$726.69	Payee address; City; State; Zip Code 100 S. Mill Ave Suite 1600 Tempe, AZ 85281	
<input type="checkbox"/> Expenditure from corporate funds	(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 Internet domain fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/12/2025	Payee name Howse, Kim (Mrs.)	
Amount (\$) \$224.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Horseshoe Bay, TX 78657	
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Reimbursement for Lodging for Christmas Luncheon speaker
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/4 Rpt: 21/23	2 FILER NAME Star Republican Women	3 Filer ID (Ethics Commission Filers) 00017018
4 Date 11/12/2025	5 Payee name Inman's BBQ	
6 Amount (\$) \$900.00	7 Payee address; City; 707 6th St Marble Falls, TX 78654	
8 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 Veterans Day lunch food
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/16/2025	Payee name Jaksha, John Christian (Mr.)	
Amount (\$) \$225.00	Payee address; City; 3120 Crawford Road Spicewood, TX 78669	
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 Musicians for Christmas Luncheon
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Llano County Republican Party	
Amount (\$) \$3,000.00	Payee address; City; PO Box 262 Kingsland, TX 78639	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to the Llano County Republican Party
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/4 Rpt: 22/23	2 FILER NAME Star Republican Women	3 Filer ID (Ethics Commission Filers) 00017018	
4 Date 10/18/2025	5 Payee name Texas Federation of Republican Women		
6 Amount (\$) \$354.20	7 Payee address; City; State; Zip Code P. O. Box 171146 Austin, TX 78717		
<input type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership fees for TFRW	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME Star Republican Women	3 Filer ID (Ethics Commission Filers) 00017018
4 Date 07/08/2025	5 Payee name Ark of Highland Lakes	
6 Amount (\$) 1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee Address; City; State; Zip 700 Avenue T Marble Falls, TX 78654	
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.) Donation to organization helping Kerr county flood victims