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) 00085811 3 COMMITTEE NAME **OFFICE USE ONLY** Penn Entertainment Inc. Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 825 BERKSHIRE BLVD Date Hand-delivered or Date Postmarked SUITE 200 Change of Address WYOMISSING, PA 19610 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Staci A. NAME NICKNAME LAST **SUFFIX** Goede STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 7816 Rose Garden Lane STREET **ADDRESS** (Residence or Business) Springfield, VA 22153 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 7816 Rose Garden Lane MAILING **ADDRESS** Springfield, VA 22153 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (703) 371-5852 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (E	thics Commission Filers)
Penn Entertainment I	nc. Texas Political Action	n Committee	00085811	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JARVIS JOHNSON State Sen	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	135,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	77,325.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Staci A	a. Goede	
		Signature of Car	mpaign Treasurer	
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tł	his the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer ad	dministering oath

FORM GPAC ADDENDUM

Page 3 of 26

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Penn Entertainment Inc				00085811	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		NATHAN JOHNSON State Sena	ator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (Describe by date and	A. Supported			
	location of election and nature of issue.)				
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates	A. Supported	STEVE ALLISON State Represe	entative	
	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		ERNEST BAILES State Represe	entative	
(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.)				
		B. Opposed			
	Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 4 of 26

12 COMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Penn Entertainment Inc. Texa	as Political Actio	n Committee		00085811
14 COMMITTEE 1. Ca			KEITH BELL State Representati	
(Attach lists on plain paper to complete this report if necessary.)	1	B. Opposed		
(Descril location	leasures // libe by date and n of election and of issue.)	A. Supported		
	Ī	B. Opposed		
As (Identify	fficeholders ssisted by by name or, if table, classify by party.)			
COMMITTEE 1. Ca ACTIVITY (Identify		A. Supported	BEN BUMGARNER State Repre	esentative
(Attach lists on plain paper to complete this report if necessary.)	Ī	B. Opposed		
(Descril location	leasures ibe by date and n of election and of issue.)	A. Supported		
	I	B. Opposed		
As (Identify	fficeholders ssisted by by name or, if table, classify by party.)			
A OT!) (IT) (andidates by by name or, if the solution of th	A. Supported	ANGIE CHEN BUTTON State R	epresentative
(Attach lists on plain paper to complete this report if necessary.)	Ī	B. Opposed		
(Descril location	leasures ibe by date and n of election and of issue.)	A. Supported		
		B. Opposed		
As (Identify	fficeholders ssisted by by name or, if table, classify by party.)			
1	<u>'</u>			

FORM GPAC ADDENDUM

Page 5 of 26

12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Penn Entertainment Inc	. Texas Political Acti	on Committee		00085811	
14	COMMITTEE	1. Candidates	A. Supported	TRAVIS CLARDY State R	epresentative	
	ACTIVITY	(Identify by name or, if			•	
		applicable, classify by party.)				
	(Attach lists on plain		B. Opposed			
	paper to complete this					
	report if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and	7 ii Gappontoa			
		location of election and nature of issue.)				
		,	B. Opposed			
			В. Орросси			
		3. Officeholders				
		Assisted				
		(Identify by name or, if applicable, classify by party.)				
	0014147777					
	COMMITTEE ACTIVITY	1. Candidates	A. Supported	DREW DARBY State Rep	resentative	
		(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain					
	(Attach lists on plain paper to complete this		B. Opposed			
	report if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and location of election and				
		nature of issue.)				
			B. Opposed			
		2 255 1 11				
		Officeholders Assisted				
		(Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE	1. Candidates	A. Supported	JAY DEAN State Represe	ntative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
		, , , , , , , , , , , , , , , , , , , ,				
	(Attach lists on plain paper to complete this		B. Opposed			
	report if necessary.)					
		2. Measures	A. Supported			
		(Describe by date and location of election and				
		nature of issue.)				
			B. Opposed			
		3. Officeholders				
		Assisted				
		(Identify by name or, if applicable, classify by party.)				

FORM GPAC ADDENDUM

Page 6 of 26

COMMITTEE NAME Penn Entertainment Inc	Toyas Political Acti			13 Filer ID	(Ethics Commission Filers)
Penn Entertainment Inc.	Toyac Political Acti				
	. Texas Pullicai Acti	on Committee		00085811	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		HAROLD DUTTON Jr. State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue)	A. Supported			
	riado di ideadi,	B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE			FREDERICK FRAZIER State Re	enresentative	
ACTIVITY	(Identify by name or, if		TALBETTO ELETT STATE TO	oprocontativo	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		CHARLIE GEREN State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
Fr CFr CFr	COMMITTEE ACTIVITY CAttach lists on plain paper to complete this report if necessary.) COMMITTEE ACTIVITY CAttach lists on plain paper to complete this report if necessary.)	Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted A. Supported (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted	Attach lists on plain baper to complete this eport if necessary.) 2. Measures (Describe by date and focation of election and nature of lissue.) 3. Officeholders Assisted (Gentify by name or, if applicable, classify by party.) Attach lists on plain baper to complete this eport if necessary.) 2. Measures (Gentify by name or, if applicable, classify by party.) Attach lists on plain baper to complete this eport if necessary.) 2. Measures (Describe by date and focation and nature of issue.) 3. Officeholders Assisted (Gentify by name or, if applicable, classify by party.) Attach lists on plain capter to complete this eport if necessary.) 2. Measures (Gentify by name or, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Gentify by name or, if applicable, classify by party.) Attach lists on plain baper to complete this eport if necessary.) 3. Officeholders (Describe by date and focation of election and nature of issue.) 4. Supported CHARLIE GEREN State Repres (Describe by date and focation of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and focation of election and nature of issue.) B. Opposed	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and obstance) 3. Officeholders Assisted (Identity by name or, if applicable, classity by party) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of seui-) 3. Officeholders Assisted (Identity by name or, if applicable, classity by party) B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed Committee of seui- Committee of seui-

FORM GPAC ADDENDUM

Page 7 of 26

MITTEE NAME n Entertainment Inc MITTEE VITY ch lists on plain r to complete this t if necessary.)	Texas Political Acti Candidates (Identify by name or, if applicable, classify by party.) Measures Candidates	A. Supported	CODY HARRIS State Represen	13 Filer ID 00085811 tative	(Ethics Commission Filers)
MITTEE VITY ch lists on plain r to complete this	Candidates (Identify by name or, if applicable, classify by party.) Measures	A. Supported			
VITY ch lists on plain r to complete this	(Identify by name or, if applicable, classify by party.) 2. Measures		CODY HARRIS State Represen	tative	
r to complete this		B. Opposed			
	(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.)				
MITTEE VITY	Candidates (Identify by page or if	A. Supported	JUSTIN HOLLAND State Repre	sentative	
	(Identify by name or, if applicable, classify by party.)				
ch lists on plain r to complete this t if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if				
	applicable, classify by party.)				
MITTEE VITY	1. Candidates (Identify by name or, if applicable, classify by party.)		LACEY HULL State Representa	tive	
r to complete this		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted				
	ch lists on plain r to complete this rt if necessary.)	(Identify by name or, if applicable, classify by party.) ch lists on plain r to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders	ch lists on plain or to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed	Ch lists on plain or to complete this rt if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	(Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed 3. Officeholders

FORM GPAC ADDENDUM

Page 8 of 26

						1 ago o o: 20
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
	Penn Entertainment Inc	. Texas Political Acti	on Committee	!	00085811	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JACEY JETTON State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE	1. Candidates	Δ Supported	KEN KING State Representative	2	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		KEN KING State Representative	=	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	STAN KITZMAN State Represe	ntative	
	(Attach lists on plain paper to complete this report if necessary.)		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.)				

FORM GPAC ADDENDUM

Page 9 of 26

					Fage 9 01 20
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Penn Entertainment Inc	. Texas Political Acti	on Committee		00085811	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JOHN KUEMPEL State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		STAN LAMBERT State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JEFF LEACH State Repre	esentative	
(Attach lists on plain paper to complete this report if necessary.)		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.)				
	•				

FORM GPAC ADDENDUM

Page 10 of 26

				rage 10 01 20
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Penn Entertainment Inc. Texas Political Acti	on Committee		00085811	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)		CHRISTIAN MANUEL State F	Representative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE 1. Candidates	A. Supported	MORGAN MEYER State Rep	resentative	
ACTIVITY (Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
applicable, classify by party.)				
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)		JARED PATTERSON State R	epresentative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
applicable, classify by party.)	1			

FORM GPAC ADDENDUM

Page 11 of 26

				rage II 01 20
12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Penn Entertainment Inc. Texas Political Ac	tion Committee		00085811	
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party		DE PHELAN State Represen	ntative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party	.)			
COMMITTEE 1. Candidates	A Supported LILIC	SH SHINE State Representa	ntivo.	
ACTIVITY (Identify by name or, if applicable, classify by party		on shine state representa	auve	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party				
COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party		GGIE SMITH State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if				
applicable, classify by party	.)			

FORM GPAC ADDENDUM

Page 12 of 26

							1 ago 12 01 20
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Penn Entertainment Inc.	. Texas Political Acti	ion (Committee		00085811	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	SHAWN THIERRY State Repre	esentative	
	(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.)					
			B.	Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	COMMITTEE		-	0	VECUE A TURN TOOL ON A		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	KRONDA THIMESCH State Re	epresentative	
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A.	Supported			
			B.	Opposed			
		Officeholders Assisted (Identify by name or, if)					
		applicable, classify by party.)	-				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Supported	ERIN ZWEINER State Represe	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B.	Opposed			
		Measures (Describe by date and location of election and nature of issue.)	A.	Supported			
			B.	Opposed			
		Officeholders Assisted (Identify by name or, if)					
		applicable, classify by party.)					

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 13 of 26

ID (Et)	thics Commission Filers)
85811	
	SUBTOTAL AMOUNT
\$	0.00
\$	0.00
\$	0.00
\$	
R \$	
ON \$	
\$	
ZATION \$	
\$	0.00
\$	135,000.00
\$	0.00
\$	0.00
\$	0.00
\$	
s s	
	\$ \$ \$

PLEI	DGED CONTRIBU	TIONS			S	CHEDULE B
The Instruction Guide explains how to complete this form.			1	Total pages Schedule B: Sch: 1/1 Rpt: 14/26		
2 FILER N	AME			3	Filer ID (Ethics Commis	ssion Filers)
Penn Er	ntertainment Inc. Texas Politi	cal Action Committee			00085811	
4 TOTAL	. OF UNITEMIZED PLED	GES			\$	0.00
5 Date	6 Full name of pledgor	out-of-state PAC (ID	0#:	_) 8		nd description applicable)
	7 Diadaa Addaaa	City State 7in Co.			pieuge (ψ) (ii 	аррисаые)
	7 Pledgor Address;	City; State; Zip Coo	de		į	
					; ! !	
					Check if travel outside of Texa	as. Complete Schedule T.
10 Principal	occupation / Job title (See Instr	uctions)	11 Employer (See In	struct	ons)	

	LOANS					SCHEDULE E
	The Instruction	n Guide explains how to comple	te this f	orm.		ages Schedule E: /1 Rpt: 15/26
2	FILER NAME Penn Entertainm	nent Inc. Texas Political Action Commit	tee		3 Filer ID 00085	(Ethics Commission Filers) 811
4	TOTAL OF UN	IITEMIZED LOANS			I	\$ 0.00
5	Date of loan	7 Name of lender out-	-of-state PA	C (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	on / Job title (See Instructions)		13 Employer (See Instruc	ctions)	
14	Description of Coll	ateral		15 Check if personal fund	ds were deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Instruc	ctions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By
Condidate/Officebolder/Political

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment Candidate Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/11 Rpt: 16/26	Penn Entertainment Inc. Texas Political Action Committee 00085811				
4 Date	5 Payee name				
01/22/2024	Angie Chen Button Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$2,500.00	P.O. Box 832748				
Expenditure from corporate funds	Richardson, TX 75083				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee CONTRIBUTION				
	CONTRIBOTION				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experialitate to belieff of of	BUTTON, ANGIE CHEN State Representative District 112				
Date	Payee name				
01/22/2024	BEN BUMGARNER FOR TEXAS HOUSE				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	2201 SPINKS RD				
,_,,,,,,,,,	STE 250				
Expenditure from					
corporate funds	FLOWER MOUND, TX 75022				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.				
	Candidate/Officeholder/Political Committee				
	CONTRIBOTION				
One of the ONE Wife disease	One distributed Office health				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
	BUMGARNER, BEN State Representative District 63				
Date	Payee name				
01/22/2024	CHRISTIAN MANUEL CAMPAIGN				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.00	3801 TURTLE CREEK DRIVE				
Expenditure from corporate funds	PORT ARTHUR, TX 77642				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
EXI ENDITORE	Candidate/Officeholder/Political Committee				
	CONTRIBUTION				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH MANUEL CHRISTIAN State Perrocentative District 22					
experience to belieff C/OI	MANUEL, CHRISTIAN State Representative District 22				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
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: 2/11 Rpt: 17/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	Charlie Geren Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	P.O. Box 1440
Expenditure from corporate funds	Ft. Worth, TX 76101
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	GEREN, CHARLIE State Representative District 99
Date	Payee name
01/22/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1007 N. Mallard Street
Expenditure from	
corporate funds	Palestine, TX 75801
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS, CODY State Representative District 8	
	State Representative District 9
Date	Payee name
01/22/2024	DADE PHELAN CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$20,000.00	PO BOX 5990
Expenditure from	
corporate funds	AUSTIN, TX 78763
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	
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: 3/11 Rpt: 18/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	Drew Darby Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	P.O. Box 3284
Expenditure from corporate funds	San Angelo, TX 76902
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	DARBY, DREW State Representative District 72
Date	Payee name
01/22/2024	ERIN ZWIENER CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO BOX 184
Expenditure from corporate funds	DRIFTWOOD, TX 78619
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH ZWIENER EDIN State Representative District 45	
	1 ZWIENER, ERIN State Representative District 45
Date	Payee name
01/22/2024	Ernest Bailes Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	P.O. Box 1232
- Funanditura from	
Expenditure from corporate funds	Shepherd, TX 77371
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete CALL V if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	DAILES, ENVEST State Representative District 10

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

rsement Solicitation/Fundraising Expense
xpense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (contrar a contrary not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/11 Rpt: 19/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	FRAZIER FOR TEXAS CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	4100 ELDORADO PKWY
Expenditure from	STE 100, PMB 241
corporate funds	MCKINNEY, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	FRAZIER, FREDERICK State Representative District 61
Date	Payee name
01/22/2024	Friends of Travis Clardy
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	209 E. Main Street
Expenditure from	
corporate funds	Nacogdoches, TX 75961
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	CLARDY, TRAVIS State Representative District 11
Date	Payee name
01/22/2024	HAROLD V DUTTON, JR CAMPAIGN
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	3801 KIRBY DR
— Formanditura franc	STE 411
Expenditure from corporate funds	HOUSTON, TX 77098
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	CONTRIBOTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	DUTTON Jr., HAROLD State Representative District 142

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

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 Solicitation/Fundraising 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: 5/11 Rpt: 20/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	JACEY JETTON CAMPAIGN
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	1723 HEARTHSIDE CT
Expenditure from	
corporate funds	RICHMOND, TX 77406
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	JETTON, JACEY State Representative District 26
Date	Payee name
01/22/2024	Jared Patterson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 5419
Expenditure from	
corporate funds	Frisco, TX 75035
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Control Check if Austin, TX, officeholder living expense CONTRIBUTION
	CONTINUESTICAL
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	PATTERSON, JARED State Representative District 106
Date	Payee name
01/22/2024	Jarvis Johnson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	1051 Cottage Oak Lane
— Foresediture from	
Expenditure from corporate funds	Houston, TX 77091
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Control Check if Austin, TX, officeholder living expense CONTRIBUTION
	CONTRIBUTION
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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

Candidate/Officeholder/Political Committee 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: 6/11 Rpt: 21/26	Penn Entertainment Inc. Texas Political Action Committee 00085811		
4 Date	5 Payee name		
01/22/2024	Jay Dean for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00	3822 Holly Ridge		
Expenditure from corporate funds	Longview, TX 75605		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
_/	Candidate/Officeholder/Political Committee		
	CONTRIBUTION		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	DEAN, JAY State Representative District 7		
Date	Payee name		
01/22/2024	Jeff Leach Campaign		
	, ,		
Amount (\$)	Payee address; City; State; Zip Code		
\$10,000.00	P.O. Box 866186		
Expenditure from			
corporate funds	Plano, TX 75986		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	CONTRIBUTION		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	LEACH, JEFF State Representative District 67		
Date	Davis same		
	Payee name		
01/22/2024	John Kuempel Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$10,000.00	P.O. Box 177		
Expenditure from corporate funds	Seguin, TX 78156		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense		
	CONTRIBUTION		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political ConEvent Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
	· · · · · · · · · · · · · · · · · · ·	
1 Total pages Schedule F1: Sch: 7/11 Rpt: 22/26	2 FILER NAME Penn Entertainment Inc. Texas Political Action Committee 3 Filer ID (Ethics Commission Filers) 00085811	
4 Date 01/22/2024	5 Payee name Justin Holland Campaign	
6 Amount (\$) \$5,000.00	7 Payee address; City; State; Zip Code 3021 Ridge Road	
, , , , , , , ,	Ste. A Box 79	
Expenditure from corporate funds	Rockwall, TX 75032	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONTRIBUTION	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held HOLLAND, JUSTIN State Representative District 33	
Date	Payee name	
01/22/2024	Keith Bell Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,500.00	P.O. Box 1178	
Expenditure from corporate funds	Forney, TX 75126	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	
	CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	BELL, KEITH State Representative District 4	
Date	Payee name	
01/22/2024	Ken King Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00	P.O. Box 517	
Expenditure from corporate funds	Canadian, TX 79014	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	CONTRIBUTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 8/11 Rpt: 23/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	Kronda Thimesch Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 118978
Expenditure from corporate funds	Carrollton, TX 75011
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee
	CONTRIBUTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	THIMESCH, KRONDA State Representative District 65
Date	Payee name
01/22/2024	Lacey Hull for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	P.O. Box 19231
Expenditure from corporate funds	Houston, TX 77224
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	CONTRIBOTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
D-4-	·
Date	Payee name Margan Mayor for Toyon
01/22/2024	Morgan Meyer for Texas
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	3838 Oak Lawn Avenue
Expenditure from	Ste. 400
corporate funds	Dallas, TX 75219
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Commission ONUVIVIII	Condidate/Officeholder name
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held MEVER MORGANI State Penrasantative District 108
,	MEYER, MORGAN State Representative District 108

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/11 Rpt: 24/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	Nathan Johnson Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,500.00	P.O. Box 670994
— Foresedit ve from	
Expenditure from corporate funds	Dallas, TX 75367
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	CONTRIBOTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
01/22/2024	Reggie Smith Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	300 N. Travis Street
Expenditure from	
corporate funds	Sherman, TX 75090
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	State Representative District 02
Date	Payee name
01/22/2024	SHINE FOR TEXAS
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	PO BOX 793
Expenditure from	
corporate funds	TEMPLE, TX 76503
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	State Representative District 33

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/11 Rpt: 25/26	Penn Entertainment Inc. Texas Political Action Committee 00085811
4 Date	5 Payee name
01/22/2024	STAN KITZMAN CAMPAIGN
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code PO BOX 553
Ψ2,000.00	1 0 20/1 000
Expenditure from corporate funds	PATTISON, TX 77466
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee CONTRIBUTION
	CONTRIBUTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	KITZMAN, STAN State Representative District 85
Date	Payee name
01/22/2024	Shawn Thierry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	7807 Candlegreen
Expenditure from corporate funds	Houston, TX 77071
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/22/2024	Steve Allison Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	14546 Brook Hollow Blvd.
	#511
Expenditure from corporate funds	San Antonio, TX 78232
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee Control Check if Austin, TX, officeholder living expense CONTRIBUTION
	CONTRIBUTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	ALLISON, STEVE State Representative District 121

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	nmittee L	egal Services	emorials Expe	nse	Printing Ex Salaries/W	ense pense ages/Contract nplete this 1		Travel in Distric Travel Out of D OTHER (enter	
1	Total pages Schedule F1:	2				-		•		Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 26/26		Penn Enterta	inment Ir	ıc. Texas	Political	Action	Committe	- 1	00085811	
4	Date	5	Payee name								
	01/22/2024		TEXANS FO	R STAN I	LAMBER	T CAMP	AIGN				
6	Amount (\$)	7	Payee address	; City	· ·	State;	Zip Co	de			
	\$2,500.00		PO BOX 375	2							
	Expenditure from corporate funds		ABILENE , T	X 79604							
8	PURPOSE	(a)	Category (See	Categories li	sted at the top	of this sched	dule)	(b) Descri	ption		
	OF EXPENDITURE		Contributions	/Donatio	ns Made	Ву					mplete Schedule T.
	ZXI ZXIZXI ZXIZ		Candidate/O	fficeholde	r/Politica	I Commit	ttee			X, officeholder livir	ng expense
								CON	TRIBUTIO	N	
<u> </u>											
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic		me		ffice sou		. 5	Office h	neld
	experientare to benefit 6/01	'' [AMBERT, S	AN		St	tate Rep	resentati	ve District	t 71	