FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059393 3 COMMITTEE NAME **OFFICE USE ONLY** Texas and Southwestern Cattle Raisers Association State PAC Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 101988 Change of Address Fort Worth, TX 76185 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Jason P NAME Date Processed **NICKNAME SUFFIX** LAST Skaggs Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 101988 STREET **ADDRESS** (Residence or Business) Forth Worth, TX 76185 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** MAILING **ADDRESS** Change of Address TX **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-7064 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 12/26/2023 01/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas and Southwestern Cattle Raisers Association State PAC 000			00059393	}
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Trent Ashby State Representa	itive	
(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 M	O POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	29,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	178,225.74
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		•	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is d to be reported by me
		lason F	^o Skaggs	
		Signature of Ca		urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE	-		
Sworn to and subscrib	ed before me, by the said	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offi	cer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

A. Supported Dustin Burrows State Represent B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed	13 Filer ID (Ethics Commission Filers) 00059393 tative
A. Supported Dustin Burrows State Represent B. Opposed A. Supported B. Opposed	
B. Opposed A. Supported B. Opposed	tative
A. Supported B. Opposed	
B. Opposed	
(.)	
A. Supported Glenn Rogers State Representa	
(2)	ttive
B. Opposed	
A. Supported	
B. Opposed	
(,)	
A. Supported John Smithee State Representa	tive
B. Opposed	
A. Supported	
B. Opposed	
	B. Opposed

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

L2 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
exas and Southwestern	Cattle Raisers Assoc	ciation State P.	AC		00059393	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Briscoe Cain Sta	ate Representati	ve	
(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.)	<u> </u>				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Keith Bell 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.)		Dade Phelan St	ate Representati	ve	
(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.)					

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

				Page 5 of 9
			13 Filer ID	(Ethics Commission Filers)
Cattle Raisers Assoc	iation State P	AC	00059393	
Candidates (Identify by name or, if applicable, classify by party.)		Hatch Smith State Representati	ve	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
3. Officeholders Assisted				
applicable, classify by party.)				
Candidates (Identify by name or, if applicable, classify by party.)		Ellen Troxclair State Representa	ative	
	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 name).				
	1. Candidates (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.) 1. Candidates (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	1. Candidates (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.) 1. Candidates (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 2. Measures (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.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported Ellen Troxclair State Represent. (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 A. Supported B. Opposed	1. Candidates (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 A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Composed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported B. Opposed B. Opposed A. Supported B. Opposed B. Opposed

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			6 of 9	
17 COMMI	TEE NAME	18 Filer ID	(Ethics Commission Filers)	
Texas a	nd Southwestern Cattle Raisers Association State PAC	00059393	,	
19 SCHEDI NAME C	SUBTOTAL AMOUNT			
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	OR	\$	
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	SANIZATION	\$	
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	?	\$	
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$	
9.	SCHEDULE E: LOANS		\$	
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	IS	\$ 29,500.00	
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	IONS	\$	
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outpers extrapply not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	2 FILER NAME Texas and Southwestern Cattle Raisers Association State 3 Filer ID (Ethics Commission Filers) 00059393
4 Date	5 Payee name
01/24/2024	Briscoe Cain for Texas
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	PO Box 7
Expenditure from corporate funds	Deer Park, TX 77536
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
	Support for Texas House
• • • • • • • • • • • • • • • • • • • •	
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
01/25/2024	Dade Phelan Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$7,000.00	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
	Candidate/Officeholder/Political Committee
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
01/23/2024	Dustin Burrows Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	PO Box 2569
Expenditure from	
corporate funds	Lubbock, TX 79408
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (order a cotogony pet listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	,
1 Total pages Schedule F1: Sch: 2/3 Rpt: 8/9	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas and Southwestern Cattle Raisers Association State 00059393
•	F 0
	5 Payee name
01/19/2024	Glenn Rogers for Texas House
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,500.00	1832 Grassy Ridge Rd.
Expenditure from	Croford TV 76440
corporate funds	Graford, TX 76449
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
	Support for Texas House
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
	Payee name
01/25/2024	Hatch Smith Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	603 E. Ellis St.
Expenditure from	Hano TV 70642
corporate funds	Llano, TX 78643
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By
-	Candidate/Officeholder/Political Committee
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
01/25/2024	John Smithee Campaign
01/25/2024	
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	320 S. Polk
	Suite 1000
Expenditure from corporate funds	Amarillo, TX 79101-1429
•	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Contributions/Donations Made by
	Candidate/Officeholder/Political Committee
	Support for Toxas House
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to beliefft C/O	•

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/3 Rpt: 9/9	Texas and Southwestern Cattle Raisers Association State 00059393
4	Date	5 Payee name
	01/23/2024	Keith Bell Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,000.00	PO Box 1178
Г	Expenditure from corporate funds	Forney, TX 75126-1178
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	2/11 2/13/11 GIVE	Candidate/Officeholder/Political Committee
		Support for Texas House
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/09/2024	Texans for Trent Ashby
	Amount (\$)	Payee address; City; State; Zip Code
	` ,	
	\$5,000.00	Po Box 412
_	Expenditure from	
L	corporate funds	Lufkin, TX 75902
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Support for Texas House
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Or	
	Date	Payee name
	01/17/2024	Troxclair for Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,000.00	701 HWY 281
	Ψ2,000.00	
_	Expenditure from	Suite H #196
L	corporate funds	Marble Falls, TX 78654
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Support for Texas House
		Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	
	complete ONLY if direct expenditure to benefit C/OI	