

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) 00070483	2 Total pages filed: 14
3 COMMITTEE NAME ONE Gas, Inc. Political Action Committee		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/26/2024	
		Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15 E. 5th St. Tulsa, OK 74103		
	Receipt #		Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Ms.	Cyndi	
		NICKNAME	LAST SUFFIX
		King	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 15 E. 5th St. Tulsa, OK 74103		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 15 E. 5th St. Tulsa, OK 74103		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(918)	947-7112	
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution (Attach PAC-DR)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> 10th day after campaign treasurer termination
		<input type="checkbox"/> Runoff	
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year
	01/26/2024		02/24/2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 03/05/2024	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input type="checkbox"/> General	<input type="checkbox"/> Special

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME ONE Gas, Inc. Political Action Committee	13 Filer ID (Ethics Commission Filers) 00070483
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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 See Schedule F See Schedule F
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 3,780.43
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,266.82
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 119,779.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Cyndi King

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 14

17 COMMITTEE NAME ONE Gas, Inc. Political Action Committee		18 Filer ID (Ethics Commission Filers) 00070483
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,350.82
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 checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$ 916.00
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	\$ 7,750.00
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 type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 500.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/14
2 FILER NAME ONE Gas, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00070483
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumfield, Brian <hr/> 6 Contributor address; City; State; Zip Code NEW YORK, NY 10043	7 Amount of Contribution (\$) \$102.09
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinan, Curtis <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74132	Amount of Contribution (\$) \$208.33
Principal occupation / Job title (See Instructions) SR VP AND CFO		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohn, Todd <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$96.42
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Husen, Jeffrey <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74137	Amount of Contribution (\$) \$106.25
Principal occupation / Job title (See Instructions) VP CHIEF ACCOUNTING OFFICER AND CON		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ketchum, Keith <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74120	Amount of Contribution (\$) \$112.50
Principal occupation / Job title (See Instructions) VP COMMERCIAL ACTIVITIES		Employer (See Instructions) ONE Gas Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/14
2 FILER NAME ONE Gas, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00070483
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnnally, Robert <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74114	7 Amount of Contribution (\$) \$153.13
8 Principal occupation / Job title (See Instructions) SR VP OPERATIONS		9 Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick, Joseph <hr/> Contributor address; City; State; Zip Code Owasso, OK 74055	Amount of Contribution (\$) \$179.17
Principal occupation / Job title (See Instructions) SR VP GEN COUNSEL AND ASST SEC		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Shantel <hr/> Contributor address; City; State; Zip Code Austin, TX 78732	Amount of Contribution (\$) \$102.08
Principal occupation / Job title (See Instructions) VP OPERATIONS - TGS		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shore, Brian <hr/> Contributor address; City; State; Zip Code Bixby, OK 74008	Amount of Contribution (\$) \$118.75
Principal occupation / Job title (See Instructions) VP SECRETARY & ASSOC GEN COUNS		Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sighinolfi, Christopher <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74103	Amount of Contribution (\$) \$166.67
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ONE Gas Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/14
2 FILER NAME ONE Gas, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00070483
4 Date 01/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Mark	7 Amount of Contribution (\$) \$111.67
	6 Contributor address; City; State; Zip Code Broken Arrow, OK 74011	
8 Principal occupation / Job title (See Instructions) VP AND TREASURER		9 Employer (See Instructions) ONE Gas Inc.
Date 01/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Julie	Amount of Contribution (\$) \$113.33
	Contributor address; City; State; Zip Code Urbandale, IA 50323	
Principal occupation / Job title (See Instructions) VP COMMUNICATIONSPUBLIC AFFAIRS AND		Employer (See Instructions) ONE Gas Inc.

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 7/14
2 FILER NAME ONE Gas, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00070483
4 Date 02/24/2024	5 Corporation / Labor Organization name ONE Gas Inc.	6 Amount (\$) 916.00

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 8/14	2 FILER NAME ONE Gas, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00070483
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4 Date 02/09/2024	5 Payee name Brooks Landgraf Campaign
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6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5030 E. University Blvd. D-101 Odessa, TX 79762
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8 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 To Support Primary 2024 State House 81 TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Carrie Isaac for Texas
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 100 Commons Road #7-125 Dripping Springs, TX 78620
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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 To Support Primary 2024 State House 73 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Christian Manuel Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 505 Orleans St. Beaumont, TX 77701
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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 To Support Primary 2024 State House 22 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 9/14	2 FILER NAME ONE Gas, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00070483
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4 Date 02/09/2024	5 Payee name Dustin Burrows Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 6170 Lubbock, TX 79493
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8 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 To Support Primary 2024 State House 83 TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Friends of Dr. Greg Bonnen PAC
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 405 David Friendswood, TX 77546
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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 To Support Primary 2024 State House 24 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Friends of Pete Flores for Texas Senate
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 E. Greenway Plaza Suite 225 Houston, TX 77046
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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 To Support Primary 2026 State Senate 24 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 10/14	2 FILER NAME ONE Gas, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00070483
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4 Date 02/09/2024	5 Payee name John Kuempel Campaign
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 902 E. College St. Seguin, TX 78155
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8 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 To Support Primary 2024 State House 44 TX
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Lois W. Kolkhorst for Texas Senate
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2546 Brenham, TX 77834
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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 To Support Primary 2026 State Senate 18 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Mayes Middleton for Texas Senate
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1526 Galveston, TX 77553
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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 To Support Primary 2026 State Senate 11 TX
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 11/14	2 FILER NAME ONE Gas, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00070483
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4 Date 02/09/2024	5 Payee name Shelby Slawson for Texas
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6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 910 Old Hico Road Stephenville, TX 76401
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8 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 To Support Primary 2024 State House 59 TX
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name Terri Leo Wilson Campaign
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Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 23 Pirate Bch W Galveston, TX 77554
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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 To Support Primary 2024 State House 23 TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2024	Payee name The Robert Nichols Campaign
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Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 2347 Jacksonville, TX 75766
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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 To Support Primary 2026 State Senate 03 TX
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 12/14	2 FILER NAME ONE Gas, Inc. Political Action Committee	3 Filer ID (Ethics Commission Filers) 00070483
4 Date 02/09/2024	5 Payee name Tom Craddick Campaign	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Two Lakes Drive Midland, TX 79705	
8 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 To Support Primary 2024 State House 82 TX
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 13/14
2 FILER NAME ONE Gas, Inc. Political Action Committee		3 Filer ID (Ethics Commission Filers) 00070483
4 Date 01/31/2024	5 Name of person from whom amount is received Friends of Dr. Greg Bonnen PAC	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Friendswood, TX 77546	
	7 Purpose for which amount is received Voided check	<input type="checkbox"/> Check if political contribution returned to filer

TEXT ANNOTATION

Sch: 1/1 Rpt: 14/14

FILER NAME

ONE Gas, Inc. Political Action Committee

Filer ID (Ethics Commission Filers)

00070483

Schedule

Cover Sheet

Information entered by filer as a memo:

This balance may include other transactions not required to be reported per Ethics Advisory Opinion #208. Non-Texas and Federal disbursements during the reporting period total \$2,500.00.