## CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

		ch Any Part Of The Campaign Finance Re ed To Report And Explain Corrections	port Form
Signature of offic	cer administering oath	Printed name of officer administering oath	Title of officer administering oath
		which, witness my hand and seal of office.	
Sworn to and subso	cribed before me, by the said	, this	the day
AFFIX NOTARY S	TAMP / SEAL ABOVE	<u>-</u>	-
		Signature of Camp	
		Jason P S	Skanns
		filed was made in good faith.	
		that the report as originally filed is swear, or affirm, that any error or o	
		X Other reports: I swear, or affirm report not later than the 14th busin	less day after the date I learned
		misrepresent the information conta	ained in the report.
		Semiannual reports: I swear o was made in good faith and withou	r affirm, that the original report It an intent to mislead or to
		Check the box next to any and all applic	able statements:
		I swear, or affirm, under penalty of perju and correct.	יץ, נומנ נוווג נטוופנופט ופטטונ וג נוטפ
8 AFFIDAVIT			n, that this corrected report is true
February bank statemer	nt was not available from finan	cial institution at the original time of filing.	
7 EXPLANATION OF			-
6 ORIGINAL PERIOD COVERED	Month Day Year 01/26/2024	Month Day Year THROUGH 02/25/2024	Date Imaged
	8th day before election	X Other (specify) March 5	
	30th day before election	Dissolution report	Date Processed
5 ORIGINAL REPORT TYPE	January 15 July 15	Runoff 10th day after campaign treasurer resignation	Receipt # Amount
NAME			Date Hand-delivered or Date Postmarked
4 TREASURER	Skaggs, Jason P		03/06/2024
3 COMMITTEE NAME	Texas and Southwestern	Cattle Raisers Association State PAC	ELECTRONICALLY FILED
00059393		15	OFFICE USE ONLY Date Received
1 Filer ID (Eth	nics Commission Filers) 2	Total pages filed:	

## MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM MPAC COVER SHEET PG 1

The MPAC Instruction	n Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00059393	2 Total pages filed: 15
3 COMMITTEE NAM	E		OFFICE USE ONLY
Texas and South	western Cattle Raisers Association State F	PAC	Date Received
			ELECTRONICALLY FILED 03/06/2024
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP	
ADDRESS	PO Box 101988		
Change of Addre	<sup>ss</sup> Fort Worth, TX 76185		Date Hand-delivered or Date Postmarked
5 CAMPAIGN	MS / MRS / MR FIRST	MI	
TREASURER NAME	Jason P		Receipt # Amount
	NICKNAME LAST		Date Processed
			Date Imaged
	Skaggs		Date imageu
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; ST	ATE; ZIP CODE
TREASURER	PO Box 101988	, ALT SOIL #, CITT, ST	
STREET ADDRESS			
(Residence or Business)			
	Forth Worth, TX 76185		
7 CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE
MAILING			
ADDRESS			
Change of Addre	ss TX		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(817) 332-7064		
9 REPORT TYPE	X Monthly	10th day after campaign	Dissolution (Attach PAC-DR)
		L treasurer termination	
10 MONTHLY REPORT FILING	January 5 Apri	il 5 🛛 🗌 July 5	October 5
DEADLINE			
	February 5	/ 5 August 5	November 5
	X March 5 Jun	e 5 September 5	December 5
11 PERIOD	Month Day Year	Month	Day Year
COVERED	01/26/2024	THROUGH 02/25/2	
	01/20/2024	02,201	2024
	GO	TO PAGE 2	
Eorms provided by T	exas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.5b35d027

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas and Southwester	n Cattle Raisers Asso	ciation State PAC	00059393	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Stan Kitzman State Represen	tative	
(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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	24,038.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	154,186.94
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING 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.		
		Jason F	<sup>o</sup> Skaggs	
		Signature of Ca		irer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

MONTHLY FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 4 of 15
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Fexas and Southwestern	Cattle Raisers Assoc	ciation State P	AC	00059393	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ernest Bailes State Rep	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			
		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.)	A. Supported	A. Supported Gary VanDeaver 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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Steve Allison State Rep	resentative	
(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.)				
	•				

	LING GPAC R	REPORT:	PURPOS	SE		FORM MPAC ADDENDUM
						Page 5 of 15
<b>12</b> COMMITTEE NAME Texas and Southwestern	Cattle Raisers Assoc	ciation State P	AC		<b>13</b> Filer ID 00059393	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Frederick Fraz	ier State Represe	entative	
(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.)	A. Supported	Stan Gerdes	State Representat	ive	
(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.)		Charlie Geren	State Representa	ative	
(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 FI	LING GPAC F	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 6 of 15
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Fexas and Southwestern	Cattle Raisers Assoc	ciation State P	AC	00059393	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Justin Holland 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.)	A. Supported	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	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	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.)				
	•				

MONTHLY FI	LING GPAC R	REPORT:	PURPOSE		FORM MPAC ADDENDUM Page 7 of 15
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas and Southwestern	Cattle Raisers Assoc	ciation State P	AC	00059393	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Hugh Shine State Representation	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.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Lynn Stucky State Representati	ive	
(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.)		Jimmy Blacklock Supreme Cou	rt Justice	
(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.)				

ING GPAC F	EPORT: PURPOSE		FORM MPAC ADDENDUM Page 8 of 15
		13 Filer ID	(Ethics Commission Filers)
		entative	
	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.)			
	Cattle Raisers Assoc 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.)       B. Opposed         2. Measures       A. Supported         (Describe by date and location of election and nature of issue.)       B. Opposed         3. Officeholders       J. Opposed	13 Filer ID 00059393         1. Candidates (Identify by name or, if applicable, classify by party.)       A. Supported DeWayne Burns State Representative         B. Opposed       B. Opposed         2. Measures (Describe by date and location of election and nature of issue.)       A. Supported         B. Opposed       B. Opposed         3. Officeholders Assisted       Image: Colspan="2">Image: Colspan="2" Image: Colspa=

## FORM MPAC COVER SHEET PG 3

9 of 15

17 COMMITTI	EE NAME	18 Filer ID	(Ethics Commission Filers)		
Texas and	Texas and Southwestern Cattle Raisers Association State PAC00059393				
	19 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
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 LABO ORGANIZATION	R	\$		
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$		
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$		
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$		
9.	SCHEDULE E: LOANS		\$		
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	<b>\$</b> 24,038.80		
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$		
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	DNS	\$		
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

**SUBTOTALS - MPAC** 

1

8

9

Date

Date

02/01/2024

Amount (\$)

OF

Complete ONLY if direct

expenditure to benefit C/OH

02/20/2024

Amount (\$)

OF

4 Date

02/22/2024

OF

6 Amount (\$)

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/6 Rpt: 10/15 Texas and Southwestern Cattle Raisers Association State 00059393 5 Payee name Charlie Geren Campaign Payee address; City; State; Zip Code \$3,000.00 P O Box 1440 Expenditure from Fort Worth, TX 76101-1440 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name DeWayne Burns Campaign Payee address; City; State; Zip Code \$1,000.00 703 Stonelake Dr. Expenditure from Cleburne, TX 76033 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Ernest Bailes Campaign Payee address: City: State; Zip Code \$3,000.00 1000 Bailes Dairy Rd. Expenditure from corporate funds Shepherd, TX 77371-2005 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House

Candidate/Officeholder name

Office sought

Office held

Advertising Expense Accounting/Banking

Consulting Expense

Credit Card Payment

1

8

9

Date

Date

02/01/2024

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

02/22/2024

Amount (\$)

Expenditure from

OF

EXPENDITURE

corporate funds PURPOSE

4 Date

02/13/2024

Expenditure from

corporate funds PURPOSE

OF

**EXPENDITURE** 

6 Amount (\$)

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 2/6 Rpt: 11/15 Texas and Southwestern Cattle Raisers Association State 00059393 5 Payee name FedEx Payee address; City; State; Zip Code 7 \$38.80 Dallas, TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense Check if Austin, TX, officeholder living expense Shipping expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Frazier for Texas Payee address; City; State; Zip Code \$1,000.00 McKinney, TX (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Gary VanDeaver Campaign Payee address; City; State; Zip Code \$1,500.00 PO Box 866 New Boston, TX 75570 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House

Forms provided by Texas Ethics Commission

Candidate/Officeholder name

Office sought

Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)	-
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 3/6 Rpt: 12/15	Texas and Southwestern Cattle Raisers Association State 00059393	
4 Date	5 Payee name	
02/23/2024	Hugh Shine Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,500.00	PO Box 793	
Expenditure from corporate funds	Temple, TX 76503-0793	
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
02/23/2024	Jeff Leach Campaign	
Amount (\$)	Payee address; City; State; Zip Code	$\neg$
\$1,000.00		
φ1,000.00		
Expenditure from corporate funds	Plano, TX	
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	=
02/16/2024	Jimmy Blacklock Campaign	
Amount (\$)	Payee address; City; State; Zip Code	$\neg$
\$2,500.00		
Expenditure from corporate funds	Austin, TX	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	$\neg$
OF	Contributions/Donations Made By	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Support for Texas Supreme Court	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	$\neg$

	EXPENDITURE CATEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 13/15	Texas and Southwestern Cattle Raisers Association State	00059393
4 Date	5 Payee name	
02/15/2024	John Kuempel Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00	902 E. College St.	
Expenditure from corporate funds	Seguin, TX 78155-3222	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		tside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/23/2024	Justin Holland Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,500.00	3021 Ridge Rd., Ste. A, Box 79	
Expenditure from corporate funds	Rockwall, TX 75032-5806	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE		tside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
Date	Payee name	
02/08/2024	Kitzman for Texas	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,000.00		
Expenditure from corporate funds	ТХ	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense
	Support for Tex	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking 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: 5/6 Rpt: 14/15	Texas and Southwestern Cattle Raisers Association State 00059393		
4 Date	5 Payee name		
02/08/2024	Kitzman for Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00			
Expenditure from corporate funds	ТХ		
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 <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/15/2024	Lynn Stucky Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	5885 Canyon Rd.		
Expenditure from corporate funds	Sanger, TX 76266-7449		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Support for Texas House</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
02/13/2024	Stan Gerdes for State Representative		
Amount (\$) \$1,500.00	Payee address; City; State; Zip Code		
Expenditure from corporate funds	Smithville, TX		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Support for Texas House</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 6/6 Rpt: 15/15	Texas and Southwestern Cattle Raisers Association State     00059393
4 Date	5 Payee name
02/25/2024	Steve Allison Campaign
6 Amount (\$) \$1,000.00	7 Payee address;       City;       State; Zip Code         200 Morningside Dr.       200 Morningside Dr.
Expenditure from corporate funds	San Antonio, TX 78209-4734
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense Support for Texas House</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held