



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

|  |   |
|--|---|
| <b>12 COMMITTEE NAME</b><br>H-E-B Political Action Committee | <b>13 Filer ID</b> (Ethics Commission Filers)<br>00083406 |
|--|---|

|   |  |              |
|---|--|--------------|
| <b>14 COMMITTEE ACTIVITY</b><br><br>(Attach lists on plain paper to complete this report if necessary.) | <b>1. Candidates</b><br>(Identify by name or, if applicable, classify by party.)             | A. Supported |
|   |  | B. Opposed   |
|   | <b>2. Measures</b><br>(Describe by date and location of election and nature of issue.)       | A. Supported |
|   |  | B. Opposed   |
|   | <b>3. Officeholders Assisted</b><br>(Identify by name or, if applicable, classify by party.) |              |

|                                |   |                 |
|--------------------------------|---|-----------------|
| <b>15 CONTRIBUTION TOTALS</b>  | <b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b><br><input type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00         |
|                                | <b>2. TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 5,540.00     |
| <b>EXPENDITURE TOTALS</b>      | <b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>   | \$ 0.00         |
|                                | <b>4. TOTAL POLITICAL EXPENDITURES</b>  | \$ 342.50       |
| <b>CONTRIBUTION BALANCE</b>    | <b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>   | \$ 1,402,014.93 |
| <b>OUTSTANDING LOAN TOTALS</b> | <b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>  | \$ 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. Megan Rooney  
\_\_\_\_\_  
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 - MPAC

| <b>17 COMMITTEE NAME</b><br>H-E-B Political Action Committee   |    | <b>18 Filer ID</b> (Ethics Commission Filers)<br>00083406 |
|--|----|---|
| <b>19 SCHEDULE SUBTOTALS</b>   |    | SUBTOTAL AMOUNT   |
| NAME OF SCHEDULE   |    |   |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                 | \$ | 5,000.00  |
| 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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION          | \$ | 365.00  |
| 7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION      | \$ | 175.00  |
| 8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION                 | \$ |   |
| 9. <input type="checkbox"/> SCHEDULE E: LOANS  | \$ |   |
| 10. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                        | \$ |   |
| 11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                     | \$ | 342.50  |
| 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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER      | \$ |   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>          |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/7   |
| <b>2</b> FILER NAME<br>H-E-B Political Action Committee                   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083406 |
| <b>4</b> Date<br>03/04/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Avalos, Javier<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78204 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Senior VP |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>03/18/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Harris, Mayerland<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78204                | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Group VP           |   | Employer (See Instructions)                              |
| Date<br>03/06/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Jarzombek, Michael<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78204               | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)<br>Senior VP          |   | Employer (See Instructions)                              |
| Date<br>03/13/2024  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Taylor, Darrell Scott<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78204            | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Group VP           |   | Employer (See Instructions)                              |

# MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule C3:<br>Sch: 1/1 Rpt: 5/7   |
| <b>2</b> FILER NAME<br>H-E-B Political Action Committee          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083406 |
| <b>4</b> Date<br>03/01/2024                                      | <b>5</b> Corporation / Labor Organization name<br>H-E-B, LP | <b>6</b> Amount (\$)<br>365.00                           |



# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### EXPENDITURE CATEGORIES FOR BOX 10(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F2:<br>Sch: 1/1 Rpt: 7/7 | <b>2</b> FILER NAME<br>H-E-B Political Action Committee | <b>3</b> Filer ID (Ethics Commission Filers)<br>00083406 |
|--|---|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|--|----|

|                             |   |
|-----------------------------|---|
| <b>5</b> Date<br>03/25/2024 | <b>6</b> Payee name<br>Atchley & Associates LLP |
|-----------------------------|---|

|                                  |   |
|----------------------------------|---|
| <b>7</b> Amount (\$)<br>\$342.50 | <b>8</b> Payee address; City; State; Zip Code<br>1005 La Posada Dr<br>Austin, TX 78752-3815 |
|----------------------------------|---|

Expenditure from corporate funds

|                              |  |
|------------------------------|--|
| <b>9</b> TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|------------------------------|--|

|                                  |   |   |
|----------------------------------|---|---|
| <b>10</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PAC accounting and reporting services |
|----------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|  |
|--|
|  |
|--|