#### 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** 05/05/2024 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 July 5 October 5 REPORT FILING **DEADLINE** February 5 X May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 03/26/2024 04/25/2024

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas and Southwest	ern Cattle Raisers Asso	ciation State PAC	00059393	1
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Cody Harris State Representa	tive	
(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	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	85,850.86
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	60,462.40
OUTSTANDING LOAN TOTALS	1	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 informunder Title 15, Election Code.	rjury, that the a	accompanying report is d to be reported by me
		lason F	<sup>o</sup> Skaggs	
		Signature of Car		urer
AFFIX NOTAF	RY STAMP / SEAL ABOVE	-		
Sworn to and subscribe	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 office	cer administering oath

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC **ADDENDUM**

L2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Texas and Southwestern	Cattle Raisers Assoc	ciation State P	AC	00059393	
L4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Terry Wilson State Representa	ative	
(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.)	(			
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Pat Curry State Representativ	e	
(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.)		John Kuempel 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			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC **ADDENDUM**

2 00MMTTEE MANE						10 51 10	Page 4 of 10
2 COMMITTEE NAME	Calle Dalasto Assoc	tetan Ctat	- DA(	^		13 Filer ID	(Ethics Commission Filers)
exas and Southwestern		1				00059393	
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Support	ed J	John McQueen	ney State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures	A. Support	ed				
	(Describe by date and location of election and nature of issue.)						
		B. Oppose	d				
	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. Support	ed (	Jary VanDeave	er State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)						
COMMITTEE	Candidates		ed 7	Trev Wharton	State Representa	etive	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		_	Toy vinaito	State Represent	жи <b>ч</b> С	
(Attach lists on plain paper to complete this report if necessary.)		B. Oppose	d				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Support	ed				
		B. Oppose	d				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.)	,					

### **SUBTOTALS - MPAC**

# FORM MPAC COVER SHEET PG 3

			5 of 10						
17 COMMITTE	EE NAME	<b>18</b> Filer ID 00059393	(Ethics Commission Filers)						
		00059393							
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT								
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	)R	\$						
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR 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	\$							
9.	SCHEDULE E: LOANS		\$						
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 85,850.86						
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$						
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$						
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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
<b>4 7</b> . 1	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	
Sch: 1/5 Rpt: 6/10	Texas and Southwestern Cattle Raisers Association State 00059393
4 Date	5 Payee name
04/08/2024	Brandability
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$8,254.40	
Expenditure from corporate funds	Lubbock, TX 79423
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Printed materials for PAC fundraiser auction
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/25/2024	Cody Harris Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	
, , , ,	
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 Check if Austin, TX, officeholder living expense
	Support for Texas House
Complete CNUV ST	Candidate/Officeholder name Office sought Office hald
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/19/2024	Gary VanDeaver Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$3,000.00	
Expenditure from corporate funds	New Boston, TX 75570
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
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/10	2 FILER NAME Texas and Southwestern Cattle Raisers Association State  3 Filer ID (Ethics Commission Filers) 00059393
4 Date	5 Payee name
04/19/2024	John Kuempel Campaign
6 Amount (\$) \$3,000.00	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	Seguin, TX 78156
8 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
	Support for Texas House
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/10/2024	John McQueeney Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	rayee address, City, State, 2p Code
Expenditure from corporate funds	Fort Worth, TX 76185
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
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/22/2024	Pat Curry Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	Waco, TX 76712
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LADITURE	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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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: 3/5 Rpt: 8/10	Texas and Southwestern Cattle Raisers Association State 00059393
4 Date	5 Payee name
04/25/2024	Perini Ranch Steakhouse
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$16,102.20	
Expenditure from	
corporate funds	Buffalo Gap, TX 79508
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Food for auction fundraiser
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/12/2024	Terry Wilson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,500.00	
Expenditure from corporate funds	Georgetown, TX 78627
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
	Support for rexus riouse
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/25/2024	Texana Event Consulting
Amount (\$)	Payee address; City; State; Zip Code
\$8,768.99	r ayou address, Oily, State, Zip Code
φο,700.55	
Expenditure from corporate funds	Buffalo Gap, TX 79508
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Event Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Labor for PAC fundraiser dinner
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experientale to beliefft 6/01	•

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/B Gift/Aw ee Legal S	Expense leverage Expense lards/Memorials Ex Services Instruction Guic		Office Ove Polling Exp Printing Ex Salaries/W	rhead pense opens /ages	e /Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2 FIL	2 FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 4/5 Rpt: 9/10		Texas and Southwestern Cattle Raisers Association State 00059393								<u> </u>
4	Date	5 Pay	vee name								
	04/04/2024	Tex	kas and South	western Cat	tle Raisers	s Associ	atio	n			
6	Amount (\$)	<b>7</b> Pay	vee address;	City;	State;	Zip Co	de				
	\$7,598.03	PO	Box 101988								
	Expenditure from corporate funds	Foi	t Worth , TX 7	76185							
8	PURPOSE	(a) Cat	egory (See Cate	gories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		ent Expense	J 11 11 11 11 11 11 11 11 11 11 11 11 11	,	,		Check if travel		de of Texas. Comp	
	LAFLINDITORE							ш		officeholder living	
								Deposit for P.	AC	tunaraiser a	luction facility
Ļ	2										
9	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officehold	der name	0	ffice sou	gnt			Office he	110
	Date	Pay	vee name								
	04/25/2024	Tex	kas and South	western Cat	tle Raisers	s Associ	atio	n			
	Amount (\$)	Payee address; City; State; Zip Code									
	\$30,802.24	PO	Box 101988								
	Expenditure from corporate funds	Foi	t Worth , TX 7	76185							
	PURPOSE OF	<b>(a)</b> Cat	egory (See Cate	gories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Eve	ent Expense	- I L			outside of Texas. Complete Schedule T. TX, officeholder living expense				
								Facility rental			
	Complete ONLY if direct expenditure to benefit C/Oh		lidate/Officeholo	der name	0	ffice sou	ght			Office he	ld
	experientale to beliefft C/Of	•									
	Date	-	vee name								
	04/24/2024	Tre	y Wharton Ca	mpaign							
	Amount (\$)	Pay	vee address;	City;	State;	Zip Co	de				
	\$1,500.00										
	Expenditure from corporate funds	Hu	ntsville, TX 77	'342							
	PURPOSE	<b>(a)</b> Cat	egory (See Cate	gories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE	Co	ntributions/Do	nations Mad	е Ву			브		de of Texas. Comp	
		Ca	ndidate/Office	holder/Polition	cal Commi	ittee		ш		officeholder living	expense
								Support for T	CXC	มอ ⊓∪น5 <del>U</del>	
	Complete ONLY if direct	Cano	lidate/Officeholo	der name	0	ffice sou	aht			Office he	eld
	expenditure to benefit C/O		aato, Omocnoll	name	J	300	ສານ			Omoc ne	··•

## 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Coi	nmittee Le	ift/Awards/Memo egal Services The Instructio	n Guide explains		pense ages/Contract Labor	Travel Out of Di OTHER (enter a	strict a category not listed above)
┰	Total pages Schedule F1:	2			<u> </u>		<u> </u>	3 Filer ID	(Ethics Commission Filers)
	Sch: 5/5 Rpt: 10/10			outhwester	n Cattle Raise	ers Assoc	iation State	00059393	(Lunes Commission Files)
4	Date	5	Payee name					•	
	04/25/2024		Turner, Hann	ah					
6	Amount (\$) \$325.00	7	Payee address	s; City;	State	; Zip Co	de		
	Expenditure from corporate funds		Wichita Falls,						
8	PURPOSE	(a)			d at the top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Salaries/Wag	jes/Contrac	t Labor			outside of Texas. Con	
								n, TX, officeholder livin C fundraiser au	
							Labor Ioi PA	ic iuiiuiaisei at	action
9	Complete ONLY if direct		Candidate/Office	eholder nam	e (	Office sou	iht	Office h	eld
	expenditure to benefit C/O	Н				,	•		