

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Ryder System, Inc. Employees Political Action Committee	13 Filer ID (Ethics Commission Filers) 00081723
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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
		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)	\$ 93.00
	<input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 740.24
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 53.32
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 118,398.91
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. Cristina Gallo-Aquino

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

17 COMMITTEE NAME Ryder System, Inc. Employees Political Action Committee	18 Filer ID (Ethics Commission Filers) 00081723
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19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 740.24
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 type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
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	\$ 53.32
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/3 Rpt: 4/7
2 FILER NAME Ryder System, Inc. Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00081723
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Candela, Calene	7 Amount of Contribution (\$) \$12.50
	6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
8 Principal occupation / Job title (See Instructions) VP Investor Relations		9 Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cicchini, Mark	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) SVP & Chief Commercial Officer		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coopriider, Darin	Amount of Contribution (\$) \$40.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) SVP Consumer Packaged Goods		Employer (See Instructions) Ryder System, Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diez, John	Amount of Contribution (\$) \$31.25
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) EVP & CFO		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fatovic, Robert	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) EVP & Chief Legal Officer & Corp Secretary		Employer (See Instructions) Ryder System Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/3 Rpt: 5/7
2 FILER NAME Ryder System, Inc. Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00081723
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodes, Sanford	7 Amount of Contribution (\$) \$20.83
	6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
8 Principal occupation / Job title (See Instructions) SVP Chief Procurement & Corporate Development Officer		9 Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosloski, Jeffrey	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) VP Supply Chain Operations		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Stephen	Amount of Contribution (\$) \$41.66
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) EVP Dedicated Transportation Solutions		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michiels, Alexander	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) SVP CFO		Employer (See Instructions) Ryder System, Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Robert	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	
Principal occupation / Job title (See Instructions) Chairman & CEO		Employer (See Instructions) Ryder System Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/3 Rpt: 6/7
2 FILER NAME Ryder System, Inc. Employees Political Action Committee		3 Filer ID (Ethics Commission Filers) 00081723
4 Date 04/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sensing, John <hr/> 6 Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President Global Supply Chain Solutions		9 Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sundaresan, Ramesh <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	Amount of Contribution (\$) \$21.00
Principal occupation / Job title (See Instructions) VP & Division Chief Information Officer		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susik, Walter <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) SVP Finance & Treasurer		Employer (See Instructions) Ryder System Inc.
Date 04/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yarwood, James <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33134-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Group Director National Accounts		Employer (See Instructions) Ryder System, Inc.

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 -
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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: Sch: 1/1 Rpt: 7/7	2 FILER NAME Ryder System, Inc. Employees Political Action Committee	3 Filer ID (Ethics Commission Filers) 00081723
4 Date 05/13/2024	5 Payee name Comerica Bank	
6 Amount (\$) \$53.32	7 Payee address; City; State; Zip Code PO Box 75000 Detroit, MI 48275-0001	
<input type="checkbox"/> Expenditure from corporate funds		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
		Office held