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) 00059290 3 COMMITTEE NAME **OFFICE USE ONLY** Germania Farm Mutual Political Action Committee Date Received **ELECTRONICALLY FILED** 06/28/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** P.O. Box 645 Change of Address Brenham, TX 77834-0645 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Joseph G. NAME Date Processed **NICKNAME** LAST **SUFFIX** Trey Date Imaged Hardy Ш CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 507 Hwy 290 E. STREET **ADDRESS** (Residence or Business) Brenham, TX 77833 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** P.O. Box 645 MAILING **ADDRESS** Change of Address Brenham, TX 77834-0645 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (979) 836-5224 x7536 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 X July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 05/26/2024 06/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Germania Farm Mut	ual Political Action Commi	ttee	0005929	00
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		
(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.)	7. Capported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)	Charles Schwertner State Sen	nator	
5 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS,	I D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR	\$	0.00
		ADE ELECTRONICALLY) qualifies for the higher itemization threshold	ľ	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	\$	7,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	196,132.12
OUTSTANDING LOAN TOTALS	I	AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
.6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Mr. Joseph	ı G. Hardy I	II
		Signature of Ca		
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	bed before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	ritle of of	fficer administering oath

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 3 of 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Germania Farm Mutual Po	litical Action Commit			00059290	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Phil King State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Brian Birdwell State Senator		
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Nathan Johnson State Senator		

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

					Page 4 of 10
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Germania Farm Mutual Po	litical Action Commit	tee		00059290	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)				
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.)		Dennis Paul State Representation	ve	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Shelby Slawson State Represer	ntative	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
(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.)		Lois Kolkhorst State Senator		

SUBTOTALS - MPAC

FORM MPAC **COVER SHEET PG 3**

					5 of 10
17 CC	MMITTE	EE NAME	18 Filer ID	(Ethics	s Commission Filers)
Ge	rmania	00059290			
		E SUBTOTALS SCHEDULE		S	SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	DR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION 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 (ORGANIZATION	\$	
9.	X	SCHEDULE E: LOANS		\$	0.00
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	7,000.00
11.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$	

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B	
The Instruction Guide explains how to complete this form.					Total pages Sche Sch: 1/1 Rpt: 6		
2 FILER NAME Germania Farm Mutual Political Action Committee				3		(Ethics Commission Filers)	
4	OF UNITEMIZED PLED				\$	0.00	
5 Date	6 Full name of pledgor	out-of-state PAC (ID	#:	_) 8	Amount of pledge (\$)	9 In-kind description (If applicable)	
	7 Pledgor Address;	City; State; Zip Coo	le				
40 Delegate al	A second	and an a		[[tside of Texas. Complete Schedule T.	
10 Principal	occupation / Job title (See Instru	uctions)	11 Employer (See Ins	structi	ons)		

	LOANS					SCHED	ULE E	
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule E: Sch: 1/1 Rpt: 7/10		
	P. FILER NAME Germania Farm Mutual Political Action Committee				3 Filer ID 00059	(Ethics Commission 290	on Filers)	
4	TOTAL OF UN	IITEMIZED LOANS			•	\$	0.00	
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (S	\$)	
	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruction	ıs)	•		
14	Description of Coll None	ateral		15 Check if personal funds w	ere deposite	d into political accour (See Instruction		
	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>		19 Amount Guarar	nteed (\$)	
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Instruction	ıs)	I		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) 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)

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 8/10	Germania Farm Mutual Political Action Committe	e 00059290
4 Date	5 Payee name	•
06/11/2024	Birdwell, Brian	
6 Amount (\$)	7 Payee address; City; State; Zip Code)
\$1,000.00	PO Box 1111	
Expenditure from		
corporate funds	Granbury, TX 76048	
8 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. Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee	Assist with campaign expenses
		у солостин солорон от регоди
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
expenditure to benefit C/O		State Senator District 22
Date	Payee name	
06/11/2024	Johnson, Nathan	
Amount (\$)	Payee address; City; State; Zip Code)
\$1,000.00	PO Box 670994	
Expenditure from corporate funds	Dallas, TX 75367	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Assist with campaign expenses
		7 Soldt Will Gampaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sough	office held
expenditure to benefit C/O	Johnson, Nathan	State Senator District 16
Date	Payee name	
06/11/2024	King, Phil	
Amount (\$)	Payee address; City; State; Zip Code)
\$1,000.00	PO Box 1913	
Expenditure from corporate funds	Weatherford, TX 76086	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)) Description
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
		Assist with campaign expenses
Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held
expenditure to benefit C/O	•	State Senator District 10
	· · · · · · · · · · · · · · · · · · ·	State Seriator District 10

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 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)

Credit Card Payment	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/10	2 FILER NAME Germania Farm Mutual Political Action Committee 3 Filer ID (Ethics Commission File 00059290	ers)
4 Date 06/21/2024	5 Payee name Kolkhorst, Lois (Sen.)	
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code PO Box 2546	
Expenditure from corporate funds	Brenham, TX 77834	
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H Kolkhorst, Lois State Senator District 18	
Date 06/11/2024	Payee name Paul, Dennis (Rep.)	
Amount (\$) \$500.00 Expenditure from corporate funds	Payee address; City; State; Zip Code 626 Barringer Lane Suite E Webster, TX 77598	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Paul, Dennis State Representative Distri	ct
Date 06/11/2024	Payee name Schwertner, Charles	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code PO Box 2448	
Expenditure from corporate funds	Georgetown, TX 78627	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Assist with campaign expenses	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Schwertner, Charles State Senator District 5	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Polling Expense Printing Expense Salaries/Wages/Contra ns how to complete this		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM		<u> </u>		Filer ID	(Ethics Commission Filers)
_	Sch: 3/3 Rpt: 10/10		– Farm Mutual Political Action	on Committee	ا ا	00059290	(=
_							
4	Date 06/11/2024	5 Payee name					
		Slawson, S	<u> </u>				
6	Amount (\$)	7 Payee addre	•	te; Zip Code			
	\$500.00	PO Box 28	36				
	Expenditure from corporate funds	Stephenvil	le, TX 76401				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (b) Desc	cription		
	OF EXPENDITURE	Contribution	ns/Donations Made By			ide of Texas. Com	
		Candidate/	Officeholder/Political Com			, officeholder living	
				ASSI	ist with carry	paign expen	Ses.
_		<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sought		Office he	
	<u> </u>	H Slawson, Sh	lelby			Sidle R	epresentative District 59