

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00059290	2 Total pages filed: 14				
3 COMMITTEE NAME Germania Farm Mutual Political Action Committee			OFFICE USE ONLY				
			Date Received ELECTRONICALLY FILED 08/28/2024				
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 645 Brenham, TX 77834-0645		Date Hand-delivered or Date Postmarked				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joseph G.	MI MI	Receipt # Amount			
	NICKNAME Trey	LAST Hardy	SUFFIX III	Date Processed			
				Date Imaged			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 507 Hwy 290 E. Brenham, TX 77833						
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 645 Brenham, TX 77834-0645						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(979) 836-5224	x7536				
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)						
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input checked="" type="checkbox"/> September 5 <input type="checkbox"/> December 5						
11 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	07	26	2024		08	25	2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME Germania Farm Mutual Political Action Committee	13 Filer ID (Ethics Commission Filers) 00059290
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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.)	Cody Harris State Representative	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	185,246.57
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.

Mr. Joseph G. Hardy III

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Germania Farm Mutual Political Action Committee	13 Filer ID (Ethics Commission Filers) 00059290
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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.)	Cole Hefner State Representative	

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.)	Caroline Harris State Representative	

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.)	Shelby Slawson State Representative	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Germania Farm Mutual Political Action Committee		13 Filer ID (Ethics Commission Filers) 00059290
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.)	Todd Hunter State Representative
	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.)	Bryan Hughes State Senator
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.)	Dustin Burrows State Representative

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Germania Farm Mutual Political Action Committee		13 Filer ID (Ethics Commission Filers) 00059290
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.)	Donna Campbell State Senator
	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.)	Mayes Middleton State Senator
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.)	Robert Nichols State Senator	

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME Germania Farm Mutual Political Action Committee		13 Filer ID (Ethics Commission Filers) 00059290	
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.)	Lacey Hull State Representative	

SUBTOTALS - MPAC

17 COMMITTEE NAME Germania Farm Mutual Political Action Committee		18 Filer ID (Ethics Commission Filers) 00059290
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 500.00

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: Sch: 1/1 Rpt: 8/14	
2 FILER NAME Germania Farm Mutual Political Action Committee		3 Filer ID (Ethics Commission Filers) 00059290	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0.00	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of pledge (\$)	9 In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	

Check if travel outside of Texas. Complete Schedule T.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 9/14
2 FILER NAME Germania Farm Mutual Political Action Committee		3 Filer ID (Ethics Commission Filers) 00059290
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 10/14	2 FILER NAME Germania Farm Mutual Political Action Committee	3 Filer ID (Ethics Commission Filers) 00059290
4 Date 08/21/2024	5 Payee name Burrows, Dustin	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2569 Lubbock, TX 79408	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burrows, Dustin	Office sought Office held State Representative District 83
Date 08/21/2024	Payee name Campbell, Donna	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 618 Comal Avenue Suite B1-4 New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign expenses.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campbell, Donna	Office sought Office held State Senator District 25
Date 08/14/2024	Payee name Harris, Caroline	
Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3010 E. Settlers Blvd Round Rock, TX 78665	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris, Caroline	Office sought Office held State Representative District

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/4 Rpt: 11/14	2 FILER NAME Germania Farm Mutual Political Action Committee	3 Filer ID (Ethics Commission Filers) 00059290
4 Date 08/09/2024	5 Payee name Harris, Cody	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 519 N Sycamore Palestine, TX 75801	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris, Cody	Office sought Office held State Representative District 8
Date 08/09/2024	Payee name Hefner, Cole	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 115 W. 1st St Mount Pleasant, TX 75455	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hefner, Cole	Office sought Office held State Representative District 5
Date 08/15/2024	Payee name Hughes, Bryan	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 450 Mineloa, TX 75773	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hughes, Bryan	Office sought Office held State Senator District 12

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/4 Rpt: 12/14	2 FILER NAME Germania Farm Mutual Political Action Committee	3 Filer ID (Ethics Commission Filers) 00059290
4 Date 08/21/2024	5 Payee name Hull, Lacey	
6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 19231 Houston, TX 77224	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hull, Lacey	Office sought Office held State Representative District
Date 08/14/2024	Payee name Hunter, Todd	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 15217 S. Padre Island Dr Ste 201 Corpus Chrisit, TX 78418	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Huneter, Todd	Office sought Office held State Representative District 32
Date 08/21/2024	Payee name Middleton, Mayes	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1526 Galveston, TX 77553	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Middleton, Mayes	Office sought Office held State Senator District 11

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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/4 Rpt: 13/14	2 FILER NAME Germania Farm Mutual Political Action Committee	3 Filer ID (Ethics Commission Filers) 00059290
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4 Date 08/21/2024	5 Payee name Nichols, Robert
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6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 2347 Jacksonville, TX 75766
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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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Nichols, Robert	Office sought	Office held State Senator District 3
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Date 08/14/2024	Payee name Slawson, Shelby
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Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 286 Stephenville, TX 76401
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Slawson, Shelby	Office sought	Office held State Representative District 59
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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 14/14
2 FILER NAME Germania Farm Mutual Political Action Committee		3 Filer ID (Ethics Commission Filers) 00059290
4 Date 08/14/2024	5 Name of person from whom amount is received Shelby, Slawson	8 Amount (\$) \$500.00
	6 Address of person from whom amount is received; City; State; Zip Code Palestine, TX 76401	
	7 Purpose for which amount is received Return of check	<input checked="" type="checkbox"/> Check if political contribution returned to filer