#### 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** 08/28/2024 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 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 X September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 07/26/2024 08/25/2024

**GO TO PAGE 2** 

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

## FORM MPAC COVER SHEET PG 2

L2 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Germania Farm Mutual	Political Action Commi	ttee	00059290	0
.4 COMMITTEE ACTIVITY	1. Candidates	A. Supported		
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	0. Масачита	A. Supported		
	Measures     (Describe by date and location	A. Supported		
	of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	Cody Harris State Representa	tivo	
	Assisted (Identify by name or, if applicable, classify by party.)	Cody Hairis State Nepresenta	uive	
5 CONTRIBUTION	1. TOTAL UNITEMIZED	D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA			
	(OTHER THAN PLEI	DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	10,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	185,246.57
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
L <b>6</b> AFFIDAVIT	ı		<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.	rjury, that the mation require	accompanying report is ed to be reported by me
		Mr Joseph	ı G. Hardy II	ı
		Signature of Ca		
AFFIX NOTARY	' STAMP / SEAL ABOVE	C .	, ,	
Sworn to and subscribed	I hefore me by the said	, tl	his the	day
		which, witness my hand and seal of office.		
Signature of officer ad	Iministering oath	Printed name of officer administering oath	Title of off	ficer administering oath

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC ADDENDUM

					Page 3 of 14
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Germania Farm Mutual Po		itee		00059290	
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.)				
		B. Opposed			
	Officeholders     Assisted (Identify by name or, if		Cole Hefner State Representation	ve	
	applicable, classify by party.)	<u> </u>			
COMMITTEE ACTIVITY	1. Candidates	A. Supported			
	(Identify by name or, if applicable, classify by party.)				
(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			
	nature of source,	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if		Caroline Harris State Represent	tative	
	applicable, classify by party.)				
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	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted		Shelby Slawson State Represer	ntative	
	(Identify by name or, if applicable, classify by party.)	)			

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC ADDENDUM

					Page 4 of 14
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Germania Farm Mutual Po	litical Action Commit	tee		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.)		Todd Hunter State Representati	ive	
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.)		Bryan Hughes 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.)		Dustin Burrows State Represen	tative	

### MONTHLY FILING GPAC REPORT: PURPOSE

## FORM MPAC ADDENDUM

					Page 5 of 14
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Sermania Farm Mutual Po	ilitical Action Commit	.tee		00059290	
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.)				
		B. Opposed			
	3. Officeholders Assisted		Donna Campbell State Senator		
	(Identify by name or, if applicable, classify by party.)	)			
COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
	Officeholders     Assisted (Identify by name or, if		Mayes Middleton State Senator		
	applicable, classify by party.)				
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	A. Supported			
	nature of issue.)	B. Opposed			
	3. Officeholders Assisted		Robert Nichols State Senator		
	(Identify by name or, if applicable, classify by party.)				

### FORM MPAC MONTHLY FILING GPAC REPORT: PURPOSE **ADDENDUM** Page 6 of 14 **12** COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) Germania Farm Mutual Political Action Committee 00059290 14 COMMITTEE 1. Candidates A. Supported **ACTIVITY** (Identify by name or, if applicable, classify by party.) (Attach lists on plain B. Opposed paper to complete this report if necessary.) A. Supported 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Lacey Hull State Representative Assisted (Identify by name or, if applicable, classify by party.

### **SUBTOTALS - MPAC**

### FORM MPAC COVER SHEET PG 3 7 of 14

					7 of 14
<b>17</b> CO	MMITTI	(Ethics Commi	ssion Filers)		
Ge	rmania	00059290			
		E SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	)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	ANIZATION	\$	
7.	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 CONTRIBUTION	S	\$	10,000.00
11.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
12.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
13.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	500.00

PLEI	DGED CONTRIBU	TIONS				SCHEDULE B
Т	he Instruction Guide exp	1	1 Total pages Schedule B: Sch: 1/1 Rpt: 8/14			
	FILER NAME Germania Farm Mutual Political Action Committee					thics Commission Filers)
4	OF UNITEMIZED PLED				\$	0.00
<b>5</b> 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 Code				
				] [		tside of Texas. Complete Schedule T
10 Principal	l occupation / Job title (See Instru	uctions)	11 Employer (See Instri	uctio	ons)	

	LOANS				SCHEDULE E
	The Instructio	on Guide explains how to complete this	form.	1	ages Schedule E: '1 Rpt: 9/14
2	FILER NAME Germania Farm	Mutual Political Action Committee		3 Filer ID 000592	(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS		1	\$ 0.00
5	Date of loan	7 Name of lender 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	on / Job title (See Instructions)	13 Employer (See Instruction	ns)	
14	Description of Coll	ateral	15 Check if personal funds w	vere deposited	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	<u> </u>		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; State;	Zip Code		
	Delevie de la competi		Total Supplement (One by the street)		
20	Principal occupation	on	21 Employer (See Instruction	15)	

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

#### SCHEDULE F1

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

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

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

### POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	<u> </u>
Sch: 2/4 Rpt: 11/14	Germania Farm Mutual Political Action Committee 00059290
4 Date	5 Payee name
08/09/2024	Harris, Cody
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	519 N Sycamore
Expenditure from corporate funds	Palestine, TX 75801
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Candidate/Officeholder/Political Committee
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
08/09/2024	Hefner, Cole
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	115 W. 1st St
Expenditure from corporate funds	Mount Pleasant, TX 75455
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
	Candidate/Officeholder/Political Committee
	Assist with campaign
Organists ONII Wife discret	Our did at 10 % as hald a manual of the annual of the same of the
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Hefner, Cole State Representative District 5
	Hellier, Cole State Representative district 5
Date	Payee name
08/15/2024	Hughes, Bryan
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 450
— Foresedit ve from	
Expenditure from corporate funds	Mineloa, TX 75773
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.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Assist with campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiente to benefit 6/01	Hughes, Bryan State Senator District 12

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

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/4 Rpt: 12/14	Germania Farm Mutual Political Action Committee	00059290
4	Date	5 Payee name	
	08/21/2024	Hull, Lacey	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$500.00	PO Box 19231	
	Expenditure from corporate funds	Houston, TX 77224	
8	PURPOSE OF EXPENDITURE	Continuous Made By	rel outside of Texas. Complete Schedule T. ttin, TX, officeholder living expense Campaign
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Hull, Lacey	Office held State Representative District
	Date	Payee name	
	08/14/2024	Hunter, Todd	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	15217 S. Padre Island Dr	
	Expenditure from corporate funds	Ste 201 Corpus Chrisit, TX 78418	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense campaign
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought  Huneter, Todd	Office held State Representative District 32
	Date	Payee name	
	08/21/2024	Middleton, Mayes	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 1526	
	Expenditure from corporate funds	Galveston, TX 77553	
	PURPOSE OF EXPENDITURE	Contributions/Donations Made By	rel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense Campaign
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Middleton, Mayes	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

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
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 4/4 Rpt: 13/14	Germania Farm Mutual Political Action Committee 00059290
4 Date	5 Payee name
08/21/2024	Nichols, Robert
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 2347
Expenditure from corporate funds	Jacksonville, TX 75766
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
_/	Candidate/Officeholder/Political Committee
	Assist with campaign
O Commission ONLY if allowed	Our stide to 10 ff as health are seen as 10 ff as a sought
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Nichols, Robert State Senator District 3
<u> </u>	Nichols, Robert State Seriator District 5
Date	Payee name
08/14/2024	Slawson, Shelby
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO Box 286
Expenditure from corporate funds	Stephenville, TX 76401
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee Sandidate/Officeholder/Political Committee Assist with campaign
	Assist with campaign
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	State Representative District 33

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Germania Farm Mutual Political Action Committee 00059290 5 Name of person from whom amount is received 8 Amount (\$) Date 08/14/2024 Shelby, Slawson \$500.00 6 Address of person from whom amount is received; City; State; Zip Code Palestine, TX 76401 Purpose for which amount is received X Check if political contribution returned to filer Return of check