### GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM GPAC COVER SHEET PG 1

Th	The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00066524				<ol> <li>Total pages file</li> <li>76</li> </ol>	
3	COMMITTEE NAME				OFFICE U	
	Texas McDonald's	Operators Association PAC, Inc.		l		
		•			Date Received	
					ELECTRONICAL	LY FILED
		-			10/06/2024	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CI	ΓY;	STATE; ZIP CODE		
	ADDRESS	1001 E Tyler			Date Hand-delivered or D	ate Postmarked
	<b>—</b>				Date fland-delivered of E	Jale i Ustillarkeu
	Change of Address	Athens, TX 75751			Receipt #	Amount
						,
					Date Processed	
					Date Freedood	
					Date Imaged	
5	CAMPAIGN	MS/MRS/MR FIRST			MI	
	TREASURER	Mr. Kevin				
	NAME					
		NICKNAME LAST			SUFFIX	
		Lilly			301117	
		Liny				
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY;	STAT	E; ZIP CODE
0	TREASURER			APT/SUITE#, CITT,	SIAI	E, ZIP CODE
	STREET	1001 E Tyler				
	ADDRESS					
	(Residence or Business)	Athens, TX 75751				
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CITY;	STA	TE; ZIP CODE
	TREASURER MAILING	1001 E Tyler				
	ADDRESS					
	_	Athens, TX 75751				
	Change of Address					
8	CAMPAIGN TREASURER		EX	FENSION		
	PHONE	(214) 236-1053				
_						
9	REPORT TYPE	January 15 X 3	Dth c	lay before election	Dissolution (Attach	PAC-DR)
			h da	ay before election	10th day after cam	paign treasurer
		July 15			termination	
			unot	t		
10	PERIOD	Month Day Year		Month Day	Year	
	COVERED	-	HRO	OUGH 09/26/2024	Ļ	
11	ELECTION	ELECTION DATE		ELECTION TYPE		
		Month Day Year	Prim	ary Runoff	Other	
		11/05/2024	Sene	eral Special		
		GO	ΓO	PAGE 2		
For	ms provided by Te	xas Ethics Commission www.e	thic	s.state.tx.us	Versio	n V4.1.0.48da51f7

### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

# FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas McDonald's Ope	rators Association PAC	c, Inc.	0006652	4
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Toni Rose 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		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,155.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	19,502.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	112,396.28
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF 1 REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•		I	
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		M- 1/-		
		Signature of Car	vin Lilly	Surer
		Signature of Ca	npaign rieda	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, tł	nis the	day
of	_, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of of	ficer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.48da51f7

#### SUBTOTALS - GPAC

## FORM GPAC COVER SHEET PG 3

3 of 76

17 COMMITTEE NAME 18 Filer ID (E			(Ethics Commission Filers)
Texas Mc	Donald's Operators Association PAC, Inc.	00066524	
	E SUBTOTALS		SUBTOTAL AMOUNT
NAME OF			
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 43,155.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	IR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR 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.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 19,502.42
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 CONTRIBUTIO	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 1/67 Rpt: 4/76	
2 FILER NAME			3 Filer ID (Ethics Commission Filer	rs)
	nald's Operators Association PAC, Inc.		00066524	-,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/29/2024	Acosta, Celia			25.00
	6 Contributor address; City; State; Zip Code			
	San Antonio, TX 78228			
8 Principal occup Owner/Opera	pation / Job title (See Instructions)	9 Employer (See Instructions self	i)	
-				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Acosta, Celia		\$2	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78228			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)	
Owner/Opera		self	,	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
07/29/2024	Acosta, Luis	/		25.00
0.,_0,_0	Contributor address; City; State; Zip Code			
	San Antonio, TX 78228			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Acosta, Luis		\$32	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78228			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()	
Owner/Opera		self	)	
Date			Amount of Contribution (\$)	
07/29/2024	Full name of contributor out-of-state PAC (ID#: Acosta, Maria	/		00.00
011201202	Contributor address; City; State; Zip Code			50.00
	Contributor address, City, State, Zip Code			
	San Antonio, TX 78228			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Opera	ator	self		

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	form.	1 I	Total pages Schedule A1: Sch: 2/67 Rpt: 5/76	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas McDo	onald's Operators Association PAC, Inc.			00066524	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
08/21/2024	Acosta, Maria				\$300.00
	6 Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78228				
	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	$\overline{\Box}$	Amount of Contribution (\$)	
07/29/2024	Acosta, Richard				\$400.00
	Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78228				
	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Operation	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
08/21/2024	Acosta, Richard				\$400.00
	Contributor address; City; State; Zip Code		1		
	San Antonio, TX 78228				
-	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
07/02/2024	Adcock, Bradley				\$15.00
	Contributor address; City; State; Zip Code	1	1		
	Kingwood, TX 77345				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
07/30/2024	Adcock, Bradley				\$45.00
	Contributor address; City; State; Zip Code	1	1		
	Kingwood, TX 77345				
	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Opera	ator	self			
1					

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 3/67 Rpt: 6/76
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/27/2024	Adcock, Bradley		\$45.00
	6 Contributor address; City; State; Zip Code		1
	Kingwood, TX 77345		
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	\$)
Owner/Oper		self	"
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/02/2024	Adcock, Doug		\$45.00
			1
	Houston, TX 77069	<u>.</u>	
	Ipation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper		self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Adcock, Doug		\$75.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77069		
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/27/2024	Adcock, Doug		\$75.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77069		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	c)
Owner/Oper		self	»)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)
07/30/2024	Back, Dustin	/	\$30.00
••••••	Contributor address; City; State; Zip Code		•
	Tomball, TX 77375		
	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Oper	ator	self	

SCHEDULE	A1
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The Instru	uction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 4/67 Rpt: 7/76	
2 FILER NAME	Ē		3 F	Filer ID (Ethics Commission	ı Filers)
Texas McD	oonald's Operators Association PAC, Inc.		c	00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 A	Amount of Contribution (\$)	
08/27/2024					\$30.00
	6 Contributor address; City; State; Zip Code				
	Tomball, TX 77375				
-	cupation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Owner/Ope	rator	self			
Date	Full name of contributor out-of-state PAC (ID#:	:)	A	Amount of Contribution (\$)	
07/30/2024					\$15.00
	Contributor address; City; State; Zip Code				
	Conroe, TX 77384				
	cupation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Ope	rator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)		
08/27/2024	Bell, April				\$15.00
	Contributor address; City; State; Zip Code		1		
	Conroe, TX 77384	-			
	cupation / Job title (See Instructions)	Employer (See Instructions	S)		
Owner/Ope	rator	self			
Date	Full name of contributor out-of-state PAC (ID#:	:)	_ ∧	Amount of Contribution (\$)	
07/02/2024	Bentham, Denise				\$60.00
	Contributor address; City; State; Zip Code		1		
	0				
	Cypress, TX 77433		Ĺ		
	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Ope		self	<u> </u>		
Date	Full name of contributor out-of-state PAC (ID#:	)	A	Amount of Contribution (\$)	
07/30/2024					\$90.00
	Contributor address; City; State; Zip Code		]		
	0				
	Cypress, TX 77433		Ĺ		
-	cupation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Ope	rator	self			
1					

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	form.		otal pages Schedule A1: ch: 5/67 Rpt: 8/76	
2 FILER NAME				iler ID (Ethics Commission	n Filers)
Texas McDo	nald's Operators Association PAC, Inc.		1	0066524	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 AI	mount of Contribution (\$)	
08/27/2024	Bentham, Denise				\$90.00
	6 Contributor address; City; State; Zip Code		1		
	- · ·				
	Cypress, TX 77433				
	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Owner/Oper	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
07/15/2024	Blanton, Lori				\$135.00
	Contributor address; City; State; Zip Code		1		
Duin single age	Weatherford, TX 76087		Ĺ		
	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Oper		self			
Date	Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
08/15/2024	Blanton, Lori				\$135.00
	Contributor address; City; State; Zip Code				
	Weatherford, TX 76087				
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>د)</u>		
Owner/Oper		self	5)		
Date	Full name of contributorout-of-state PAC (ID#:		Δ	mount of Contribution (\$)	
09/17/2024	Blanton, Lori	/			\$135.00
00/1//202.	Contributor address; City; State; Zip Code		·		Ψ100.00
	Continuation address, City, State, Zip Code				
	Weatherford, TX 76087				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	1 S)		
Owner/Oper	ator	self			
Date	Full name of contributor Out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
07/02/2024	Bolen, Gary				\$75.00
	Contributor address; City; State; Zip Code		1		
	Conroe, TX 77384				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Oper	ator	self			
		-			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 6/67 Rpt: 9/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDo	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)
07/30/2024	Bolen, Gary		\$75.00
	6 Contributor address; City; State; Zip Code		1
	Conroe, TX 77384		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Owner/Operation	•	self	
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
08/27/2024	Bolen, Gary		\$75.00
	Contributor address; City; State; Zip Code		
	Operator TV 77004		
Dringing oogu	Conroe, TX 77384	Employer (Coo Instructions	
Principal occu Owner/Opera	upation / Job title (See Instructions)	Employer (See Instructions self	3)
			T
Date	Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)
07/02/2024			\$75.00
	Contributor address; City; State; Zip Code		
	Kingwood, TX 77339		
Drincinal occu	Ipation / Job title (See Instructions)	Employer (See Instructions	~\
Owner/Operation		self	<i>,</i> ,
Date			Amount of Contribution (\$)
Date 07/30/2024	Full name of contributor out-of-state PAC (ID#: Britt, Louis	:)	Amount of Contribution (\$) \$75.00
0113012024			φ/3.00
	Contributor address; City; State; Zip Code		
	Kingwood, TX 77339		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 \$)
Owner/Oper		self	· ·
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
08/27/2024	Britt, Louis	,	\$75.00
	Contributor address; City; State; Zip Code		•
	Kingwood, TX 77339		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	δ)
Owner/Operation	ator	self	

	The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 7/67 Rpt: 10/76
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	07/02/2024	Brown, Stuart		\$45.00
		6 Contributor address; City; State; Zip Code		1
		Missouri City, TX 77459		
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	07/30/2024	Brown, Stuart		\$105.00
		Contributor address; City; State; Zip Code		•
		Missouri City, TX 77459		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/27/2024	Brown, Stuart		\$105.00
		Contributor address; City; State; Zip Code		•
		Missouri City, TX 77459		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/02/2024	Butkevich, Jennifer		\$60.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77024		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	07/26/2024	Campbell, Irma		\$25.00
		Contributor address; City; State; Zip Code		1
		Alpine, TX 79831		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
4				

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 8/67 Rpt: 11/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2024 Campbell, Irma	\$25.00
6 Contributor address; City; State; Zip Code	
Alpine, TX 79831	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	is)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024 Campbell, Irma	\$25.00
Contributor address; City; State; Zip Code	
Alpine, TX 79831	
Principal occupation / Job title (See Instructions) Employer (See Instruction:	is)
Owner/Operator self	•
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2024 Carreon, Daniel	\$30.00
Contributor address; City; State; Zip Code	
Rosharon, TX 77583	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	 IS)
Owner/Operator self	-,
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/27/2024 Carreon, Daniel	\$30.00
Contributor address; City; State; Zip Code	
Rosharon, TX 77583	
Principal occupation / Job title (See Instructions) Employer (See Instruction	IS)
Owner/Operator self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2024 Carrillo, Anthony	\$900.00
Contributor address; City; State; Zip Code	1
Midland TV 7070F	
Midland, TX 79705	、 、
Principal occupation / Job title (See Instructions) Employer (See Instruction	(5)
Principal occupation / Job title (See Instructions)Employer (See Instructions)Owner/Operatorself	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 9/67 Rpt: 12/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2024 Carrillo, Anthony	\$900.00
6 Contributor address; City; State; Zip Code	
Midland, TX 79705	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instructions)	
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024 Carrillo, Anthony	\$900.00
Contributor address; City; State; Zip Code	
Midland, TX 79705	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/02/2024 Casas, Abner	\$45.00
Contributor address; City; State; Zip Code	
Dayton, TX 77535	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2024 Casas, Abner	\$45.00
Contributor address; City; State; Zip Code	
Dayton, TX 77535	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/27/2024 Casas, Abner	\$45.00
Contributor address; City; State; Zip Code	
Dayton, TX 77535	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self	)

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/67 Rpt: 13/76	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	onald's Operators Association PAC, Inc.		00066524	lierey
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/02/2024	Casas, Jill			\$45.00
	6 Contributor address; City; State; Zip Code			
	Dayton, TX 77535			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024	Casas, Jill	/		\$45.00
	Dayton, TX 77535			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper		self	,	
Date		)	Amount of Contribution (\$)	
08/27/2024	Casas, Jill	)	Amount of Contribution (\$)	\$45.00
00/27/2024	· · · · · · · · · · · · · · · · · · ·			φ45.00
	Contributor address; City; State; Zip Code			
	Dayton, TX 77535			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper		self	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024	Casey, Laura			\$45.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77325			
	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/27/2024	Casey, Laura			\$45.00
	Contributor address; City; State; Zip Code			
	Kingwood, TX 77325			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		

The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/67 Rpt: 14/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	- onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/15/2024			\$135.0
	6 Contributor address; City; State; Zip Code		
	Rockwall, TX 75032		
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/15/2024			\$135.0
	Contributor address; City; State; Zip Code		
	Rockwall, TX 75032		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
09/17/2024			\$135.0
	Contributor address; City; State; Zip Code		1
	Rockwall, TX 75032		
	upation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Choma, Tiffany		\$15.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77092		
	upation / Job title (See Instructions)	Employer (See Instructions	6)
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/27/2024	Choma, Tiffany		\$15.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77092		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Oper	rator	self	

The Instru	uction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 12/67 Rpt: 15/76	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/26/2024	Cohen, Bill			\$125.00
	6 Contributor address; City; State; Zip Code			
	Levelland, TX 79336			
8 Principal occ	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 3)	
Owner/Ope		self	,	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/23/2024				\$125.00
	Contributor address; City; State; Zip Code			•••
	Levelland, TX 79336			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	s)	
Owner/Ope	rator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/25/2024	· · · · · · · · · · · · · · · · · · ·			\$125.00
	Contributor address; City; State; Zip Code			
	Levelland, TX 79336			
	upation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Ope	rator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/29/2024	Conlan, Hampton			\$150.00
	Contributor address; City; State; Zip Code			
	Lampasas, TX 76550			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Owner/Ope	,	self	')	
Date			Amount of Contribution (\$)	
08/21/2024		)		\$150.00
0012112027	Contributor address; City; State; Zip Code			φ130.00
	Contributor address, City, State, Zip Code			
	Lampasas, TX 76550			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۶)	
Owner/Ope		self	,	

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/67 Rpt: 16/76
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	07/29/2024	Conlan, Lynette		\$175.00
		6 Contributor address; City; State; Zip Code		
		Lampasas, TX 76550		
8			9 Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/21/2024	Conlan, Lynette		\$175.00
		Contributor address; City; State; Zip Code		
		Lampasas, TX 76550		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/29/2024	Contreras, Shelly		\$75.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78221	·	
		upation / Job title (See Instructions)	Employer (See Instructions	6)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/21/2024	Contreras, Shelly		\$75.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78221		
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/26/2024	Credle, Susan		\$75.00
		Contributor address; City; State; Zip Code		
		Clovis, NM 88101		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
1				

The Instruction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 14/67 Rpt: 17/76	
2 FILER NAME	3	Filer ID (Ethics Commission	n Filers)
Texas McDonald's Operators Association PAC, Inc.	Ū	00066524	11 11010)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) 7	Amount of Contribution (\$)	
08/23/2024 Credle, Susan			\$75.00
6 Contributor address; City; State; Zip Code			
Clovis, NM 88101			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ructions)		
Owner/Operator self			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/25/2024 Credle, Susan			\$75.00
Contributor address; City; State; Zip Code			
Clovis, NM 88101			
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)		
Owner/Operator self			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/26/2024 Dana, Osman			\$750.00
Contributor address; City; State; Zip Code			
Amarillo, TX 79119			
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)		
Owner/Operator self			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
08/23/2024 Dana, Osman			\$750.00
Contributor address; City; State; Zip Code			
Amarillo, TX 79119			
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)		
Owner/Operator self			
Date Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/25/2024 Dana, Osman			\$750.00
Contributor address; City; State; Zip Code			
Amarillo, TX 79119			
Amarillo, TX 79119         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	ructions)		
	ructions)		
Principal occupation / Job title (See Instructions) Employer (See Instru	ructions)		

The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 15/67 Rpt: 18/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/29/2024	De Leon, Ignacio		\$200.00
	6 Contributor address; City; State; Zip Code		
	Laredo, TX 78043		
0 Drivering Laws			-
8 Principal occu Owner/Oper	upation / Job title (See Instructions) rator	9 Employer (See Instructions self	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	De Leon, Ignacio		\$200.00
			•
	Laredo, TX 78043		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Owner/Oper		self	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/02/2024	07/02/2024 De la Garza, Deanna		\$45.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	De la Garza, Deanna		\$90.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/27/2024	De la Garza, Deanna		\$90.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Oper		self	
		1	
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The Instructi	ion Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/67 Rpt: 19/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	ald's Operators Association PAC, Inc.		00066524
4 Date 5	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/29/2024	De la Garza, Hector		\$50.00
6	Contributor address; City; State; Zip Code		1
	Brownsville, TX 78520		
8 Principal occupat	tion / Job title (See Instructions)	9 Employer (See Instructions	s)
Owner/Operato	or	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	De la Garza, Hector		\$50.00
	Contributor address; City; State; Zip Code		
	-		
	Brownsville, TX 78520		
	tion / Job title (See Instructions)	Employer (See Instructions	
Owner/Operato	)r	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/29/2024	Del Barrio Jr., Alfredo		\$300.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		·
	tion / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Operato		self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	Del Barrio Jr., Alfredo		\$300.00
	Contributor address; City; State; Zip Code		
	McAllen, TX 78501		
Principal occupat	tion / Job title (See Instructions)	Employer (See Instructions	\$)
Owner/Operato	or	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/29/2024	Dobski, Anthony		\$75.00
· · · ·	Contributor address; City; State; Zip Code		
	Laredo, TX 78041		
	tion / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Operato	)r	self	

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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 17/67 Rpt: 20/76	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	onald's Operators Association PAC, Inc.		00066524	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/21/2024	Dobski, Anthony			\$75.00
	6 Contributor address; City; State; Zip Code			
	Laredo, TX 78041			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/02/2024	Elizondo, Kimberly			\$45.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77205			
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024	Elizondo, Kimberly			\$45.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77205			
	Ipation / Job title (See Instructions)	Employer (See Instructions self	5)	
Owner/Oper			1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>+</b> 15 00
08/27/2024	Elizondo, Kimberly			\$45.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77205			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/29/2024	Ellis, Jordan			\$275.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77702			
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper	ator	self		

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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 18/67 Rpt: 21/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
08/21/2024	Ellis, Jordan		\$275.00
	6 Contributor address; City; State; Zip Code		1
	Beaumont, TX 77702		
8 Principal occup Owner/Opera	pation / Job title (See Instructions) ator	9 Employer (See Instructions self	3)
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Ellis, Russell		\$375.00
ľ	Contributor address; City; State; Zip Code		
	Corpus Christi, TX 78414		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Opera	.tor	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	Ellis, Russell		\$375.00
ľ	Contributor address; City; State; Zip Code		1
	Corpus Christi, TX 78414	1	<u> </u>
	bation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Opera		self	<del>.</del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/29/2024	Estate of Jose Lopez Ferguson		\$25.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	Estate of Jose Lopez Ferguson		\$25.00
	Contributor address; City; State; Zip Code		1
	Austin, TX 78754		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	e)
г Шорагоооар			5)
		<u> </u>	

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 19/67 Rpt: 22/76	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
Texas McDc	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/29/2024	Estate of Martha Mendoza		\$2	25.00
	6 Contributor address; City; State; Zip Code			
	Del Rio, TX 78840			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/21/2024	Estate of Martha Mendoza		\$2	25.00
	Contributor address; City; State; Zip Code			
	Del Rio, TX 78840			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)	
			, ,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/26/2024	Fadke, Kenny		\$1	15.00
	Contributor address; City; State; Zip Code			
Dringing oogu	Hobbs, NM 88240		<u> </u>	
Owner/Oper	upation / Job title (See Instructions) rator	Employer (See Instructions) self	)	
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
08/23/2024	Fadke, Kenny	/		15.00
00/20/202 .	Contributor address; City; State; Zip Code			.0.00
	Hobbs, NM 88240			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/25/2024	Fadke, Kenny		\$1	15.00
	Contributor address; City; State; Zip Code			
	Hobbs, NM 88240			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Owner/Oper		self	)	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 20/67 Rpt: 23/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/29/2024	Ferguson, Cynthia		\$75.0
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78754		
8 Principal occu Owner/Opera	pation / Job title (See Instructions)	9 Employer (See Instructions self	5)
Date		)	Amount of Contribution (\$)
08/21/2024			\$75.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 \$)
Owner/Operation		self	, ,
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
07/29/2024	Ferguson, Jimmy	)	\$125.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
	pation / Job title (See Instructions)	Employer (See Instructions	6)
Owner/Operation	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/21/2024	Ferguson, Jimmy		\$125.0
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<b> </b>
Owner/Oper		self	,
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/15/2024	Frank-Silmon, Joy	)	\$60.0
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75027		
	pation / Job title (See Instructions)	Employer (See Instructions	S)
Owner/Operation	ator	self	

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 21/67 Rpt: 24/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/29/2024	Frank-Silmon, Joy		\$125.00
	6 Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75027		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/15/2024	Frank-Silmon, Joy		\$60.00
	Contributor address; City; State; Zip Code		1
Duin single easy	Flower Mound, TX 75027		ļ
Principal occu Owner/Oper	ipation / Job title (See Instructions)	Employer (See Instructions self	5)
-			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/21/2024	Frank-Silmon, Joy		\$125.00
	Contributor address; City; State; Zip Code		
	Flower Mound, TX 75027		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Frank-Silmon, Joy		\$60.00
	Contributor address; City; State; Zip Code		1
	Flower Mound, TX 75027		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/02/2024	Glaser, David		\$135.00
	Contributor address; City; State; Zip Code		1
	V.5. TV 77404		
Dringing oog	Katy, TX 77494		-
Owner/Oper	<pre>upation / Job title (See Instructions) rator</pre>	Employer (See Instructions self	5)
Owner/Oper		501	

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	The Instru	ction Guide explains how to complete this	form.		Total pages Schedule A1: Sch: 22/67 Rpt: 25/76	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[		nald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#	:)	7	Amount of Contribution (\$)	
	07/29/2024	Glaser, David				\$225.00
		6 Contributor address; City; State; Zip Code		"		
		Katy, TX 77494				
-	Bringinal occu	pation / Job title (See Instructions)	Employor (Soc Instructions	<u> </u>		
°	Owner/Oper		9 Employer (See Instructions self	5)		
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	07/30/2024	Glaser, David				\$275.00
		Contributor address; City; State; Zip Code		·		
		Katy, TX 77494				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 s)		
	Owner/Oper		self	,		
⊨	Date	Full name of contributor out-of-state PAC (ID#	<u> </u>	Т	Amount of Contribution (\$)	
	08/21/2024	Glaser, David	)			\$225.00
	00/21/2024					ΨΖΖΟ.00
		Contributor address; City; State; Zip Code				
		Katy, TX 77494				
⊢	Dringing ogg	-	Employer (See Instructions			
	Owner/Oper	pation / Job title (See Instructions)	Employer (See Instructions self	5)		
	Owner/Oper		Sell			
	Date	Full name of contributor Out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	08/27/2024	Glaser, David				\$275.00
		Contributor address; City; State; Zip Code		1		
		Katy, TX 77494				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#	:)		Amount of Contribution (\$)	
	07/02/2024	Glaser, Phyllis				\$30.00
		Contributor address; City; State; Zip Code				
		Spring, TX 77391				
$\vdash$	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper		self			
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 23/67 Rpt: 26/76	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	) )
	nald's Operators Association PAC, Inc.		00066524	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/30/2024	Glaser, Phyllis		\$30	).00
•	6 Contributor address; City; State; Zip Code			
	Spring, TX 77391			
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/27/2024	Glaser, Phyllis		\$30	00.0
•	Contributor address; City; State; Zip Code			
	Spring, TX 77391			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/02/2024	Glaser-Swift, Laurie	,	\$120	).00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/30/2024	Glaser-Swift, Laurie	,	\$150	0.00
	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/27/2024	Glaser-Swift, Laurie		\$150	0.00
ŀ	Contributor address; City; State; Zip Code			
	Cypress, TX 77429			
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Opera	ator	self		
<i>,</i>				

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 24/67 Rpt: 27/76	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	lers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/29/2024	Gonzales Jr., Vincente			\$75.00
	6 Contributor address; City; State; Zip Code			
	Waco, TX 76703		\	
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Owner/Oper	rator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/21/2024	Gonzales Jr., Vincente			\$75.00
	Contributor address; City; State; Zip Code			
	Waco, TX 76703			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Owner/Oper	rator	self		
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/02/2024	Grafmiller, Todd			\$15.00
	Contributor address; City; State; Zip Code			
	Atascocita, TX 77346			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Owner/Oper		self	,	
Date		<u> </u>	Amount of Contribution (\$)	
07/30/2024	Full name of contributor out-of-state PAC (ID#: Grafmiller, Todd	)		\$15.00
07/30/2024				φ13.00
	Contributor address; City; State; Zip Code			
	Atascocita, TX 77346			
Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Owner/Oper		self	, ,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/27/2024	Grafmiller, Todd	)		\$15.00
00/21/2024				φ10.00
	Contributor address; City; State; Zip Code			
	Atascocita, TX 77346			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions		
Owner/Oper		self	·,	

The Instruction Guide explains how to co	mplete this form.       1 Total pages Schedule A1:         Sch: 25/67 Rpt: 28/76
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC,	
4 Date 5 Full name of contributor out	of-state PAC (ID#:) 7 Amount of Contribution (\$)
07/30/2024 Gutierrez, David	\$180.00
6 Contributor address; City; State; Zip	
Houston TY 77055	
Houston, TX 77055 8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Owner/Operator	self
08/27/2024 Gutierrez, David	of-state PAC (ID#:) Amount of Contribution (\$) \$180.00
Contributor address; City; State; Zi	Jode
Houston, TX 77055	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner/Operator	self
Date Full name of contributor our	of-state PAC (ID#:) Amount of Contribution (\$)
07/02/2024 Gutierrez, Michael	\$15.00
Contributor address; City; State; Zig	Code
Houston, TX 77055	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner/Operator	self
	of-state PAC (ID#:) Amount of Contribution (\$)
	\$15.00
Contributor address; City; State; Zip	
Houston, TX 77055	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner/Operator	self
Date Full name of contributor 🗌 out	of-state PAC (ID#:) Amount of Contribution (\$)
08/27/2024 Gutierrez, Michael	\$15.00
Contributor address; City; State; Zi	Code
Houston, TX 77055	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner/Operator	self

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/67 Rpt: 29/76	
2 FILER NAME			3 Filer ID (Ethics Commission File	rs)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/15/2024	Hardeman, Tommy		\$	30.00
	6 Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/15/2024	Hardeman, Tommy		\$	30.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/17/2024	Hardeman, Tommy		\$	30.00
	Contributor address; City; State; Zip Code			
	Southlake, TX 76092			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	_
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/26/2024	Harmon, David		\$12	25.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/23/2024	Harmon, David		\$12	25.00
	Contributor address; City; State; Zip Code			
	Abilene, TX 79602			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper	ator	self		

_				
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 27/67 Rpt: 30/76	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
-		exas McDonald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	09/25/2024	Harmon, David		\$125.00
		6 Contributor address; City; State; Zip Code		
		Abilene, TX 79602		
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/15/2024	Ingram, Lawrence		\$30.00
		Contributor address; City; State; Zip Code		
		Mesquite, TX 75150		
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/15/2024	Ingram, Tyrous		\$330.00
		Contributor address; City; State; Zip Code		1
		Frisco, TX 75034	<u> </u>	-
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	1	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/15/2024	Ingram, Tyrous		\$330.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75034		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Operator self		self		
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	09/17/2024	Ingram, Tyrous		\$330.00
		Contributor address; City; State; Zip Code		
		Frisco, TX 75034		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/67 Rpt: 31/76	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		exas McDonald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/29/2024	Jairala, Celia				\$300.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
-	Owner/Oper		self	-,		
	Date	Full name of contributor out-of-state PAC (ID#:_	· )		Amount of Contribution (\$)	
	08/21/2024	Jairala, Celia				\$300.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:_	· )		Amount of Contribution (\$)	
	07/15/2024	Jasper, Joe				\$180.00
		Contributor address; City; State; Zip Code				
		Fort Worth, TX 76116				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/15/2024	Jasper, Joe				\$180.00
		Contributor address; City; State; Zip Code				
		5. (W) (h) TV 70110				
	Drineir - L	Fort Worth, TX 76116				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Owner/Oper		self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/17/2024	Jasper, Joe				\$180.00
		Contributor address; City; State; Zip Code				
		Fort Worth TX 76116				
⊢	Dringinglas	Fort Worth, TX 76116				
	Principal occu Owner/Oper	pation / Job title (See Instructions)	Employer (See Instructions self	5)		
	Owner/Oper	αιυι	5011			

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 29/67 Rpt: 32/76	
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
	nald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
07/15/2024	Jasper, Karen		\$15.00
	6 Contributor address; City; State; Zip Code		
	Fort Worth, TX 76116		
-	pation / Job title (See Instructions)	9 Employer (See Instructions	
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/15/2024	Jasper, Karen		\$15.00
	Contributor address; City; State; Zip Code		
	Fort Worth, TX 76116		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/17/2024	Jasper, Karen		\$15.00
	Contributor address; City; State; Zip Code		
D in sin al again	Fort Worth, TX 76116		
Principal occu Owner/Opera	pation / Job title (See Instructions)	Employer (See Instructions self	S)
			· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Kades, Ken		\$570.00
	Contributor address; City; State; Zip Code		
	Pasadena, TX 77505		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/27/2024	Kades, Ken		\$570.00
	Contributor address; City; State; Zip Code		
	Pasadena, TX 77505		
	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Opera	ator	self	

The Instruction Guide explains how to complete this form.         1 Trait pages Studied A1: Sch: 30/67 Rpt: 33/76           2         FILER NAME Toxas McDonald's Operators Association PAC, Inc.         2         FILER NAME Toxas McDonald's Operators Association PAC, Inc.         2         FILER NAME         3         FILER NAME           4         Date 07/02/2024         5         Full nume of contributor Kades, Mathew         3         Full nume of contributor Mathematical State PAC (05: State: Zip Code         7         Amount of Contribution (\$)           6         Contributor address: City, State: Zip Code         5         Amount of Contribution (\$)         \$120.00           70/02/2024         Full nume of contributor Mades, Mathew         9         Employer (See Instructions) Self         Amount of Contribution (\$)         \$150.00           70/02/2024         Full nume of contributor Mades, Mathew         Contributor address: City, State: Zip Code         Amount of Contribution (\$)         \$150.00           70/02/2024         Full nume of contributor Mades, Mathew         Contributor address: City, State: Zip Code         Amount of Contribution (\$)         \$150.00           70/02/2024         Full nume of contributor Mades, Mathew         Contributor address: City, State: Zip Code         Amount of Contribution (\$)         \$150.00           70/02/2024         Full nume of contributor Mades, Racie, Racie, Racie, Racie, Racie, Racie, Racie, Racie, Racie,					
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor       out-of-state PAC (Dir)       7 Amount of Contribution (\$)         6 Contributor address; City: State; Zip Code       Full name of contributor       9 Employer (See Instructions)       7 Amount of Contribution (\$)         7 OV02/2024       Full name of contributor       out-of-state PAC (Dir	The Ins	truction Guide explains how to complete this f	form.		
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor       out-of-state PAC (Dir)       7 Amount of Contribution (\$)         6 Contributor address; City: State; Zip Code       Full name of contributor       9 Employer (See Instructions)       7 Amount of Contribution (\$)         7 OV02/2024       Full name of contributor       out-of-state PAC (Dir	2 FILER NA	ME		3 Filer ID (Ethics Commission	Filers)
07/02/2024       Kades, Matthew       \$120.00         6       Contributor address; City; State; Zip Code          7       Houston, TX 77024       9         7       Full name of contributor       out-of-state PAC (ID)::          7       OV/ref/Operator       Amount of Contribution (\$)       \$150.00         7       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$150.00         7       Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$150.00         07/30/2024       Full name of contributor       out-of-state PAC (ID)::					,
6       Contributor address; City; State; Zip Code         Houston, TX 77024       9         8       Principal occupation / Job title (See Instructions) contributor address; City; State; Zip Code       Amount of Contribution (\$) state         07/30/2024       Full name of contributor       out-of-state PAC (ID#:	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Houston, TX 77024       9         Employer (See Instructions) Owner/Operator       9         Date       Full name of contributor       out-of-state PAC (ID#         07/30/2024       Kades, Matthew       S150.00         Contributor address; City; State; Zip Code       Houston, TX 77024         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self         Date       Full name of contributor address; City; State; Zip Code         Houston, TX 77024       Full name of contributor address; City; State; Zip Code         Date       Full name of contributor address; City; State; Zip Code         08/27/2024       Full name of contributor address; City; State; Zip Code         Houston, TX 77024       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Self         Owner/Operator       Self         Principal occupation / Job title (See Instructions)       Self         Or7/02/2024       Full name of contributor       out-of-state PAC (ID#         O7/02/2024       Full name of contributor       out-of-state PAC (ID#         O7/02/2024       Full name of contributor       out-of-state PAC (ID#         O7/02/2024       Full name of contributor       out-of-state PAC (	07/02/20				\$120.00
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:)       Amount of Contribution (\$) \$150.00         07/30/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$150.00         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:) (Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (DP:) (Contributor address; City; State; Zip Code         Houston, TX 77024       Employer (See Instructions) Owner/Operator       Amount of Contribution (\$) \$150.00         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (DP:) self         Date       Full name of contributor       out-of-state PAC (DP:) self         Date       Full name of contributor       out-of-state PAC (DP:) self         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:) (7/30/2024       Amount of Contribution (\$) Kades, Rachel       S75.00 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:)       Amount of Contribution (\$) \$150.00         07/30/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$) \$150.00         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:) (Contributor address; City; State; Zip Code         Date       Full name of contributor       out-of-state PAC (DP:) (Contributor address; City; State; Zip Code         Houston, TX 77024       Employer (See Instructions) Owner/Operator       Amount of Contribution (\$) \$150.00         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (DP:) self         Date       Full name of contributor       out-of-state PAC (DP:) self         Date       Full name of contributor       out-of-state PAC (DP:) self         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (DP:) (7/30/2024       Amount of Contribution (\$) Kades, Rachel       S75.00 </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (\$)         07/30/2024       Kades, Matthew       \$150.00         Contributor address; City, State; Zip Code       Employer (See Instructions)       \$150.00         Owner/Operator       Self       Amount of Contribution (\$)       \$150.00         O8/27/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (\$)         Owner/Operator       Self       Amount of Contribution (\$)       \$150.00         Owner/Operator       Self       Amount of Contribution (\$)       \$150.00         Owner/Operator       Self       Amount of Contribution (\$)       \$150.00         Overtor/Operator       Self       Amount of Contribution (\$)       \$60.00         O7/02/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contribution (\$)       \$60.00         O7/30/2024       Full name of contributor       out-of-state PAC (Dor.       Amount of Contrib		Houston, TX 77024			
Date       Full name of contributor       out-of-state PAC (ID#	8 Principal c	ccupation / Job title (See Instructions)	9 Employer (See Instructions	5)	
07/30/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code       Houston, TX 77024         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (De:	Owner/O	perator	self		
07/30/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code       Houston, TX 77024         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Generation / Set Instructions)         Date       Full name of contributor       out-of-state PAC (Der         Nower/Operator       Amount of Contribution (\$)         08/27/2024       Kades, Matthew       S150.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Setf         Date       Full name of contributor       out-of-state PAC (IDer         Mount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (IDer         Vebster, TX 77598       Employer (See Instructions)       Setf         Owner/Operator       Setf       Setf         Date       Full name of contributor       out-of-state PAC (IDer       Amount of Contribution (\$)         OT/30/2024       Full name of contributor       out-of-state PAC (IDer       Amount of Contribution (\$)         OT/30/2024       Full name of contributor <td< td=""><td>Date</td><td>Full name of contributor out-of-state PAC (ID#:</td><td>)</td><td>Amount of Contribution (\$)</td><td></td></td<>	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Houston, TX 77024         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         08/27/2024         Full name of contributor	07/30/20	24 Kades, Matthew			\$150.00
Houston, TX 77024       Employer (See Instructions) Self         Date       Full name of contributor of contrib					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/27/2024       Kades, Matthew       \$150.00         OB/27/2024       Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (ID#:		Houston, TX 77024			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         08/27/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code       Houston, TX 77024       \$150.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (ID#	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
08/27/2024       Kades, Matthew       \$150.00         Contributor address; City; State; Zip Code        \$150.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)          Owner/Operator       self       Amount of Contribution (\$)       \$60.00         O7/02/2024       Full name of contributor       out-of-state PAC (ID#:	Owner/O	perator	self		
Contributor address; City; State; Zip Code       Houston, TX 77024         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Address; City; State; Zip Code       Amount of Contribution (\$)         07/02/2024       Kades, Rachel         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Or//30/2024       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$75.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Webster, TX 77598       Kades, Rachel         Webster, TX 77598       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       <	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Houston, TX 77024         Principal occupation / Job title (See Instructions)       Employer (See Instructions) self         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Kades, Rachel         O7/02/2024       Kades, Rachel         Vebster, TX 77598       Employer (See Instructions) self         Principal occupation / Job title (See Instructions)       Employer (See Instructions) self         Owner/Operator       Self         Principal occupation / Job title (See Instructions)       Employer (See Instructions) self         Outer       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       S75.00         Or/30/2024       Full name of contributor out-of-state PAC (ID#:)         Vebster, TX 77598       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Webster, TX 77598       Kades, Rachel       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       S75.00	08/27/20				\$150.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Vebster, TX 77598       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Vebster, TX 77598       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Kades, Rachel       \$60.00         Contributor address; City; State; Zip Code       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       Self         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$75.00         O7/30/2024       Kades, Rachel       \$75.00         Webster, TX 77598       Webster, TX 77598         Principal occupation / Job title (See Instructions)       \$75.00         Orliable occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Kades, Rachel       \$60.00         Contributor address; City; State; Zip Code       Vebster, TX 77598       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$60.00         Owner/Operator       Self       \$75.00         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Webster, TX 77598       Employer (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$75.00			·		
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Kades, Rachel       \$60.00         Contributor address; City; State; Zip Code       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Kades, Rachel       \$75.00         O7/30/2024       Kades, Rachel       \$75.00         Webster, TX 77598       Webster, TX 77598       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			, , , ,	5)	
07/02/2024       Kades, Rachel       \$60.00         Contributor address; City; State; Zip Code       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Date       Full name of contributor out-of-state PAC (ID#:)         Kades, Rachel       Amount of Contribution (\$)         07/30/2024       Kades, Rachel         Webster, TX 77598       \$75.00         Principal occupation / Job title (See Instructions)       \$75.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/O		self		
Contributor address; City; State; Zip Code         Webster, TX 77598         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:) Kades, Rachel       Amount of Contribution (\$)         07/30/2024       Kades, Rachel       \$75.00         Webster, TX 77598       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Webster, TX 77598         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:) Kades, Rachel       Amount of Contribution (\$)         07/30/2024       Kades, Rachel       \$75.00         Webster, TX 77598       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/02/20	·			\$60.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)         07/30/2024       Kades, Rachel         Contributor address; City; State; Zip Code       \$75.00         Webster, TX 77598       Webster (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)         07/30/2024       Kades, Rachel         Contributor address; City; State; Zip Code       \$75.00         Webster, TX 77598       Webster (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/30/2024     Kades, Rachel     \$75.00       Contributor address; City; State; Zip Code     Webster, TX 77598     Fincipal occupation / Job title (See Instructions)		Webster, TX 77598			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Kades, Rachel       \$75.00         Contributor address; City; State; Zip Code       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
07/30/2024       Kades, Rachel       \$75.00         Contributor address; City; State; Zip Code       Webster, TX 77598         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/O	perator	self		
Contributor address; City; State; Zip Code         Webster, TX 77598         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Webster, TX 77598       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/30/20	24 Kades, Rachel			\$75.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Webster, TX 77598			
Owner/Operator self	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
	Owner/O	perator	self		

	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 31/67 Rpt: 34/76		
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		exas McDonald's Operators Association PAC, Inc.			00066524	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/27/2024	Kades, Rachel				\$75.00
		6 Contributor address; City; State; Zip Code		1		
		Webster, TX 77598				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	07/15/2024	Kantar, Sam				\$120.00
		Contributor address; City; State; Zip Code		·		
		Richland Hills, TX 76118				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	07/29/2024	Kantar, Sam				\$200.00
		Contributor address; City; State; Zip Code				
		Richland Hills, TX 76118				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/15/2024	Kantar, Sam				\$120.00
		Contributor address; City; State; Zip Code				
		Richland Hills, TX 76118				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/21/2024	Kantar, Sam				\$200.00
		Contributor address; City; State; Zip Code		1		
L		Richland Hills, TX 76118				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Owner/Oper	ator	self			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 32/67 Rpt: 35/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date     5 Full name of contributor     out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/17/2024 Kantar, Sam	\$120.00
6 Contributor address; City; State; Zip Code	
Richland Hills, TX 76118	
8Principal occupation / Job title (See Instructions)9Employer (See Instructions)	3)
Owner/Operator self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/30/2024 Keiser, Merle	\$45.00
Contributor address; City; State; Zip Code	
Houston, TX 77069	
Principal occupation / Job title (See Instructions) Employer (See Instructions	3)
Owner/Operator self	
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/27/2024 Keiser, Merle	\$45.00
Contributor address; City; State; Zip Code	
Houston, TX 77069	
Principal occupation / Job title (See Instructions) Employer (See Instructions	;)
Owner/Operator self	1
Date   Full name of contributor   out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/15/2024 Kelley, Jon	\$135.00
Contributor address; City; State; Zip Code	
Richardson, TX 75080	
Principal occupation / Job title (See Instructions) Employer (See Instructions	3)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/15/2024 Kelley, Jon	\$135.00
Contributor address; City; State; Zip Code	
Richardson, TX 75080	
Richardson, TX 75080         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	<u> </u> ;)
	\$)

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	The Instru	ction Guide explains how to complete this f	orm.		es Schedule A1: 67 Rpt: 36/76	
2	2 FILER NAME				(Ethics Commissio	n Filers)
		onald's Operators Association PAC, Inc.		00066524		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of	f Contribution (\$)	
	09/17/2024	Kelley, Jon				\$135.00
		6 Contributor address; City; State; Zip Code				
		Richardson, TX 75080				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)		
	Owner/Oper		self			
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
	07/02/2024	Kelly, Howard	/	/	001111201001 (+)	\$30.00
	0.,02.202	Contributor address; City; State; Zip Code				<b>TU</b>
		Houston, TX 77205				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner/Oper		self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
	07/30/2024	Kelly, Howard				\$30.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77205				
		ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
	08/27/2024	Kelly, Howard				\$30.00
		Contributor address; City; State; Zip Code				
	<b>D</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Houston, TX 77205				
		upation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner/Oper		self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of	f Contribution (\$)	
	07/02/2024	Kessler, Suzanne				\$15.00
		Contributor address; City; State; Zip Code				
$\vdash$	Drinsipal apou	Spring, TX 77379	Employer (Cool Instructions			
		Ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner/Oper		self			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 34/67 Rpt: 37/76
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	_) <b>7</b> Amount of Contribution (\$)
07/30/2024 Kessler, Suzanne	\$30.00
6 Contributor address; City; State; Zip Code	
Spring, TX 77379	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ictions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
08/27/2024 Kessler, Suzanne	\$30.00
Contributor address; City; State; Zip Code	
Spring, TX 77379	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ictions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
07/26/2024 Kiesel, Cory	\$50.00
Contributor address; City; State; Zip Code	
Vista, CA 92084	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ictions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
08/23/2024 Kiesel, Cory	\$50.00
Contributor address; City; State; Zip Code	
Vista, CA 92084	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of Contribution (\$)
09/25/2024 Kiesel, Cory	\$50.00
	φ.00.00
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Vista, CA 92084	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code Vista, CA 92084	
Contributor address; City; State; Zip Code         Vista, CA 92084         Principal occupation / Job title (See Instructions)         Employer (See Instructions)	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 35/67 Rpt: 38/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor in out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
07/29/2024 Kinney, Daniel	\$50.00
6 Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
08/21/2024 Kinney, Daniel	\$50.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/29/2024 Kinney, Jason	\$150.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
08/21/2024 Kinney, Jason	\$150.00
Contributor address; City; State; Zip Code	
Bastrop, TX 78602	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Owner/Operator self	
Date Full name of contributor in out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/15/2024 Kumar, Andy	\$240.00
Contributor address; City; State; Zip Code	
Colleyville, TX 76034	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ructions)
Owner/Operator self	

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 36/67 Rpt: 39/76	
2 FILER NAME		3 Filer ID (Ethics Commission	Filers)	
	Texas McDonald's Operators Association PAC, Inc.		00066524	
4 Date	Date <b>5</b> Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$)	
08/15/2024	Kumar, Andy			\$240.00
	6 Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
	pation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/17/2024	Kumar, Andy			\$240.00
	Contributor address; City; State; Zip Code			
	Colleyville, TX 76034			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
07/15/2024	Lilly, Kevin			\$330.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/15/2024	Lilly, Kevin			\$330.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
09/17/2024	Lilly, Kevin			\$330.00
	Contributor address; City; State; Zip Code			
	Athens, TX 75751			
	pation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Opera	ator	self		

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 37/67 Rpt: 40/76	
2 FILER NAME			3 Filer ID (Ethics Commission	Filers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/29/2024	Lim, Maria			\$50.00
	6 Contributor address; City; State; Zip Code			
	Marble Falls, TX 78654			
	upation / Job title (See Instructions)	9 Employer (See Instructions)	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Lim, Maria			\$50.00
	Contributor address; City; State; Zip Code			
	Marble Falls, TX 78654			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/15/2024	Lopez-McWilliams, Karen			\$60.00
	Contributor address; City; State; Zip Code			
- • • •	Fort Worth, TX 76182			
	upation / Job title (See Instructions)	Employer (See Instructions)	)	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/15/2024	Lopez-McWilliams, Karen			\$60.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76182			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Owner/Oper		self	)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> CO 00
09/17/2024	Lopez-McWilliams, Karen			\$60.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76182			
Bringinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u> </u>	
Owner/Oper		self	)	
- Owner/Oper		501		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 38/67 Rpt: 41/76
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
07/15/2024 Lozano, Jose	\$45.00
6 Contributor address; City; State; Zip Code	
Plano, TX 75024	
8 Principal occupation / Job title (See Instructions) 9 Er	nployer (See Instructions)
Owner/Operator se	lf
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$)
08/15/2024 Lozano, Jose	\$45.00
Contributor address; City; State; Zip Code	
Plano, TX 75024	
Principal occupation / Job title (See Instructions) Er	nployer (See Instructions)
Owner/Operator se	lf
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
09/17/2024 Lozano, Jose	\$45.00
Contributor address; City; State; Zip Code	
Plano, TX 75024	
	nployer (See Instructions)
Owner/Operator se	lf
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/29/2024 Lutito Jr., David	\$25.00
Contributor address; City; State; Zip Code	
Jonestown, TX 78645	
	nployer (See Instructions)
Owner/Operator se	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
08/21/2024 Lutito Jr., David	\$25.00
Contributor address; City; State; Zip Code	
Jonestown, TX 78645	
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Owner/Operator se	lf

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 39/67 Rpt: 42/76
2 FILER NAME	2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDo	Texas McDonald's Operators Association PAC, Inc.		00066524
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) 7		7 Amount of Contribution (\$)
07/29/2024	Lutito Jr., Edward		\$375.00
	6 Contributor address; City; State; Zip Code		•
	Jonestown, TX 78645		
	pation / Job title (See Instructions)	9 Employer (See Instructions	<i>š</i> )
Owner/Opera		self	<del> </del>
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/21/2024	Lutito Jr., Edward		\$375.00
	Contributor address; City; State; Zip Code		
	Jonestown, TX 78645		
Princinal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Owner/Opera		self	"
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
07/02/2024	Majors, Angela	/	\$15.00
01102,202	Contributor address; City; State; Zip Code		
	Humble, TX 77346		
	pation / Job title (See Instructions)	Employer (See Instructions	à)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/30/2024	Majors, Angela		\$30.00
	Contributor address; City; State; Zip Code		1
	Humble, TX 77346		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Owner/Opera		self	>)
Date			Amount of Contribution (\$)
Dale 08/27/2024	Full name of contributor out-of-state PAC (ID#: Majors, Angela	)	Amount of Contribution (\$) \$30.00
00/21/2021	Contributor address; City; State; Zip Code		
	Continuation address, Gity, State, Zip Code		
	Humble, TX 77346		
Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Opera	ator	self	

	The Instru	ction Guide explains how to complete this f	orm.		jes Schedule A1: /67 Rpt: 43/76	
2	FILER NAME				(Ethics Commissio	n Filers)
_		onald's Operators Association PAC, Inc.		0006652		
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount o	of Contribution (\$)	
	07/29/2024	Marasco, Danielle				\$250.00
		6 Contributor address; City; State; Zip Code				
		Laredo, TX 78041				
8		upation / Job title (See Instructions)	9 Employer (See Instructions)	)		
	Owner/Operation	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount o	of Contribution (\$)	
	08/21/2024	Marasco, Danielle				\$250.00
		Laredo, TX 78041				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Owner/Operation		self			
╞	Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u>	Amount c	of Contribution (\$)	
	07/26/2024	Martin, Kevin	/	/ 1100		\$30.00
	01720.202	Contributor address; City; State; Zip Code				400.00
		Contributor address, City, State, Zip Code				
		Altus, OK 73521				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)		
	Owner/Oper		self	,		
╞				Amount o	f Contribution (¢)	
	Date 08/23/2024	Full name of contributor out-of-state PAC (ID#:	/	Amount o	of Contribution (\$)	\$30.00
	08/23/2024	Martin, Kevin				<b>\$30.00</b>
		Contributor address; City; State; Zip Code				
		Altus, OK 73521				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions)	)		
	Owner/Opera		self			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount o	of Contribution (\$)	
	09/25/2024	Martin, Kevin	/	/ moune o		\$30.00
	00/20/202 .					Ψ00.00
		Contributor address; City; State; Zip Code				
		Altus, OK 73521				
⊢	Drincinal occu	upation / Job title (See Instructions)	Employer (See Instructions)	<u></u>		
	Owner/Opera		self	)		
L	Owner/Open		Sell			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	<sup>i</sup> orm.		tal pages Schedule A1: h: 41/67 Rpt: 44/76	
2 FILER NAME		3 File	er ID (Ethics Commission	n Filers)	
	Texas McDonald's Operators Association PAC, Inc.			066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	<b>7</b> Am	nount of Contribution (\$)	
07/15/2024	Massey, Daniel				\$195.00
	6 Contributor address; City; State; Zip Code		1		
	Corpoll TV 75010				
• Drincipal occu	Coppell, TX 75019 upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
Owner/Oper		self	<i>s</i> )		
· · · · · ·			1 0.00		
Date	Full name of contributor out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	<u>Φ105 00</u>
08/15/2024					\$195.00
	Contributor address; City; State; Zip Code				
	Coppell, TX 75019				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Owner/Oper		self	-,		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Am	ount of Contribution (\$)	
09/17/2024	Massey, Daniel	/			\$195.00
	Contributor address; City; State; Zip Code		ł		*
	Coppell, TX 75019				
-	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Oper	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Am	nount of Contribution (\$)	
07/15/2024	Massey, William				\$105.00
	Contributor address; City; State; Zip Code		1		
	Cornell TV 75010				
Dringing occu	Coppell, TX 75019 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
Owner/Oper		Employer (See Instructions self	5)		
			1 0		
Date	Full name of contributor out-of-state PAC (ID#:	)	Am	ount of Contribution (\$)	ቀ105 00
08/15/2024	Massey, William				\$105.00
	Contributor address; City; State; Zip Code				
	Coppell, TX 75019				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
Owner/Oper		self	,		

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/67 Rpt: 45/76	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers	s)
	Texas McDonald's Operators Association PAC, Inc.		00066524	.,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/17/2024	Massey, William		\$10	05.00
	6 Contributor address; City; State; Zip Code			
	Coppell, TX 75019			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> 5)	
Owner/Oper		self	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/29/2024	Mazzu, Kevin	/		25.00
			•	
	San Antonio, TX 78257			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Mazzu, Kevin		\$12	25.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78257	1		
	Ipation / Job title (See Instructions)	Employer (See Instructions	6)	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/02/2024	McKinney, Steve		\$10	)5.00
	Contributor address; City; State; Zip Code			
	Magnolia, TX 77354			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Owner/Oper		self	~)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of Contribution (\$)	
07/29/2024	McKinney, Steve	J		75.00
01,20,222	Contributor address; City; State; Zip Code			0.01
	Contributor address, City, State, Zip Code			
	Tomball, TX 77373			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	ator	self		
		<u> </u>		

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 43/67 Rpt: 46/76	
2 FILER NAME			_	Filer ID (Ethics Commission	n Filers)
	nald's Operators Association PAC, Inc.		1 I	00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
07/30/2024	McKinney, Steve				\$255.00
	6 Contributor address; City; State; Zip Code		1		
	Magnolia, TX 77354				
	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
08/21/2024	McKinney, Steve				\$175.00
	Contributor address; City; State; Zip Code		1		
	T				
Dringing oppu	Tomball, TX 77373		<u> </u>		
Owner/Opera	pation / Job title (See Instructions)	Employer (See Instructions self	S)		
			-		
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢255.00
08/27/2024	McKinney, Steve				\$255.00
	Contributor address; City; State; Zip Code				
	Magnolia, TX 77354				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
07/29/2024	Mendoza, Frank				\$200.00
	Contributor address; City; State; Zip Code				
	Del Rio, TX 78840				
	pation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Opera		self			
Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+
08/21/2024	Mendoza, Frank				\$200.00
	Contributor address; City; State; Zip Code				
	Del Rio, TX 78840				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> د)		
Owner/Opera		self	.,		

SCHEDULE	A1
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The Instrue	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 44/67 Rpt: 47/76	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	)
Texas McDo	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/29/2024	Meyer, Dennis		\$75	5.00
	6 Contributor address; City; State; Zip Code			
	Hutto, TX 78634		\	
	ipation / Job title (See Instructions)	9 Employer (See Instructions self	;)	
Owner/Opera				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024			\$75	00.
	Contributor address; City; State; Zip Code			
	Hutto, TX 78634			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
Owner/Opera		self	,	
Date	Full name of contributor Out-of-state PAC (ID#:_	<u> </u> )	Amount of Contribution (\$)	
07/02/2024	Moore, Carla		\$90	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024	Moore, Carla		\$90	1.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	Iupation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)	
Owner/Opera		self	,	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/27/2024	Moore, Carla		\$90	0.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092	1		
-	ipation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Opera	ator	self		

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/67 Rpt: 48/76	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/02/2024	Moore, Kevin		\$	60.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77092			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/29/2024	Moore, Kevin		\$	50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/30/2024	Moore, Kevin			90.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Moore, Kevin			50.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	<u>ا</u>	Amount of Contribution (\$)	
08/27/2024	Moore, Kevin			90.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		

The Instruction	n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 46/67 Rpt: 49/76	
2 FILER NAME			3 Filer ID (Ethics Commission Filers	s)
	's Operators Association PAC, Inc.		00066524	-,
	ull name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/30/2024 N	Aoss, Daniel		\$3	30.00
6 C	Contributor address; City; State; Zip Code			
S	Stafford, TX 77477			
	n / Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/Operator		self		
Date F	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/27/2024 N	Aoss, Daniel		\$3	30.00
C	Contributor address; City; State; Zip Code			
	Stafford, TX 77477			
	n / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Operator		self	-	
	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024 N	Aoss, Dave		\$3	30.00
C C	Contributor address; City; State; Zip Code			
s	Stafford, TX 77477			
	n / Job title (See Instructions)	Employer (See Instructions		
Owner/Operator		self	)	
	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
	All name of contributor out-of-state PAC (ID#	/		30.00
	Contributor address; City; State; Zip Code			0.00
	Unitipution address, Gity, State, Lip Code			
s	Stafford, TX 77477			
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Operator		self		
Date F	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024 N	/unroe, Sam		\$22	25.00
С	Contributor address; City; State; Zip Code			
	louston, TX 77098			
	n / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Operator		self		

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	The Instru	ction Guide explains how to complete this f	orm.		Total pages Schedule A1: Sch: 47/67 Rpt: 50/76	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[		nald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/27/2024	Munroe, Sam				\$225.00
		6 Contributor address; City; State; Zip Code				
		Houston, TX 77098				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/15/2024	O'Reilly, Chuck				\$315.00
		Contributor address; City; State; Zip Code		"		
		Plano, TX 75023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/15/2024	O'Reilly, Chuck				\$315.00
		Contributor address; City; State; Zip Code		"		
		Plano, TX 75023				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/17/2024	O'Reilly, Chuck				\$315.00
		Contributor address; City; State; Zip Code				
		Plano, TX 75023		Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Owner/Oper		self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/02/2024	Oliver-Green, Stephanie				\$90.00
		Contributor address; City; State; Zip Code				
l		Tomboll TV 77977				
⊢	Duin sin 1	Tomball, TX 77377				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	αιυι	self			
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SCHEDULE	A1
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 48/67 Rpt: 51/76	
2 FILER NAME			3 Filer ID (Ethics Commissio	n Filers)
	nald's Operators Association PAC, Inc.		00066524	,
	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
07/29/2024	Oquin, Anna			\$375.00
	6 Contributor address; City; State; Zip Code			
	Brownsville, TX 78520			
		9 Employer (See Instructions)	)	
Owner/Opera	tor	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/21/2024	Oquin, Anna			\$375.00
	Contributor address; City; State; Zip Code			
	Brownsville, TX 78520			
Owner/Opera	ation / Job title (See Instructions)	Employer (See Instructions) self	)	
· · ·				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> 25 00
07/29/2024 Pacheco, Elena				\$25.00
07/29/2024				Ψ <u>2</u> 0.00
07/29/2024	Pacneco, Elena Contributor address; City; State; Zip Code			<i>\</i>
07729/2024				\$20.00
	Contributor address; City; State; Zip Code	Employer (See Instructions)	)	
	Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions)	Employer (See Instructions) self	)	
Principal occup	Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions)	,	) Amount of Contribution (\$)	
Principal occup Owner/Opera	Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions) tor	self		\$25.00
Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Pation / Job title (See Instructions) ttor Full name of contributor out-of-state PAC (ID#:_	self		
Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Dation / Job title (See Instructions) tor Full name of contributor out-of-state PAC (ID#:_ Pacheco, Elena	self		
Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Del Rio, TX 78840 Del Rio, TX 78840 Detion / Job title (See Instructions) tor Full name of contributor	self		
Principal occup Owner/Opera Date 08/21/2024	Contributor address; City; State; Zip Code Del Rio, TX 78840 Pation / Job title (See Instructions) ttor Full name of contributor out-of-state PAC (ID#:_ Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840	)	Amount of Contribution (\$)	
Principal occup Owner/Opera Date 08/21/2024	Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions) tor Full name of contributor out-of-state PAC (ID#:_ Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions)	self	Amount of Contribution (\$)	
Principal occup Owner/Opera Date 08/21/2024	Contributor address; City; State; Zip Code Del Rio, TX 78840 Pation / Job title (See Instructions) ttor Full name of contributor out-of-state PAC (ID#:_ Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840 Pation / Job title (See Instructions) ttor	self ) 	Amount of Contribution (\$)	
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera	Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions) ttor Full name of contributor out-of-state PAC (ID#:_ Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840 pation / Job title (See Instructions) ttor	self ) 	Amount of Contribution (\$)	
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Dation / Job title (See Instructions) tor Full name of contributor	self ) 	Amount of Contribution (\$)	\$25.00
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Del name of contributor Full name of contributor Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840 Del Rio, TX 78840 Del Rio, TX 78840 Full name of contributor Contributor Contributor Contributor Contributor Del Rio, TX 78840 Del Rio, T	self ) 	Amount of Contribution (\$)	\$25.00
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Detion / Job title (See Instructions) tor Full name of contributor	self ) 	Amount of Contribution (\$)	\$25.00
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera Date	Contributor address; City; State; Zip Code Del Rio, TX 78840 Del name of contributor Full name of contributor Pacheco, Elena Contributor address; City; State; Zip Code Del Rio, TX 78840 Del Rio, TX 78840 Del Rio, TX 78840 Full name of contributor Contributor Contributor Contributor Contributor Del Rio, TX 78840 Del Rio, T	self ) 	Amount of Contribution (\$)	\$25.00
Principal occup Owner/Opera Date 08/21/2024 Principal occup Owner/Opera Date 07/29/2024	Contributor address; City; State; Zip Code Del Rio, TX 78840 Pation / Job title (See Instructions) tor Full name of contributor	self ) 	Amount of Contribution (\$)	\$25.00

The Instruction Guide explains how to complete this form.       1 Total pages Statule AL: Scit: 49/67 Rpt: 52/76         2       FLER NAME       3 Flerible (Edits Commission Filers) 00066524         4       bale       5 Full name of contributor       000 of state PAC (DB       000 of state PAC (DB         6       Contributor address; City, State; Zip Code       7 Amount of Contribution (S)       525.00         8       Principal occupation / Job tife (See Instructions)       9 Employer (See Instructions)       set         04/2       Part Reco. Manuel       9 Employer (See Instructions)       set         04/2       Part Inter of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Part Inter of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Full name of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Full name of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Full name of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Full name of contributor       000 of state PAC (DB       Amount of Contribution (S)         04/2       Full name of contributor       000 of state PAC (DB       Amount of Contribution (S)         09//					
Texas McDonald's Operators Association PAC, Inc.         00066524           4 Date         5 Full name of contributor   out-of-state PAC (DSI)         7 Amount of Contribution (\$)           9 Bacheco, Manuel         6 Contributor address; City; State; Zip Code         7 Amount of Contribution (\$)           9 Principal occupation / Job tite (See Instructions)         9 Employer (See Instructions)         7 Amount of Contribution (\$)           0000er/Operator         Perez, Carrie	The Instru	ction Guide explains how to complete this f	orm.		
Texas McDonald's Operators Association PAC, Inc.         00066524           4 Date         5 Full name of contributor   out-of-state PAC (DSI)         7 Amount of Contribution (\$)           9 Bacheco, Manuel         6 Contributor address; City; State; Zip Code         7 Amount of Contribution (\$)           9 Principal occupation / Job tite (See Instructions)         9 Employer (See Instructions)         7 Amount of Contribution (\$)           0000er/Operator         Perez, Carrie	2 FILER NAME			3 Filer ID (Ethics Commission	n Filers)
06/21/2024       Pacheco, Manuel       \$25,00         6       Contributor address; City; State; Zip Code       \$25,00         7       Principal occupation / Job title (See Instructions)       9       Employer (See Instructions)         0       Perzez, Carrie       Amount of Contribution (\$)       \$60,00         07/30/2024       Perzez, Carrie       Amount of Contribution (\$)       \$60,00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$60,00         Owner/Operator       Self       Amount of Contribution (\$)       \$60,00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$60,00         OWNer/Operator       Self       Amount of Contribution (\$)       \$60,00         08/27/2024       Full name of contributor       out of-state PAC (Der)       Amount of Contribution (\$)       \$60,00         Owner/Operator       Self       Amount of Contribution (\$)       \$60,00       \$60,00         O7/02/2024       Full name of contributor       out of-state PAC (Der					
6       Contributor address; City; State; Zip Code         Del Rio, TX 78840       Perlocipal occupation / Job title (See Instructions)         Set       Set         07/30/2024       Full name of contributor       out-of-state PAC (DII:         07/30/2024       Perez, Carrie       Amount of Contribution (\$)         07/30/2024       Friendswood, TX 77546       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Setf         Owner/Operator       setf       Amount of Contribution (\$)         Owner/Operator       Setf       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Setf         Oate       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (IDIE:       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       contificate PAC (ID	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         Del Rio, TX 78840       9         8       Principal occupation / Job title (See Instructions) Owner/Operator       9         Date       Full name of contributor       out-of-state PAC (IDE:	08/21/2024	· ·			\$25.00
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date 07/30/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Ornor/Operator       Self       Amount of Contribution (\$)       S60.00         O7/02/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 07/30/2024       Full name of contributor					
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date 07/30/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         08/27/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/02/2024       Full name of contributor       out-of-state PAC (Do/:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (Do/:)<					
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date 07/30/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 08/27/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Ornor/Operator       Self       Amount of Contribution (\$)       S60.00         O7/02/2024       Full name of contributor       out-of-state PAC (Dor- Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self       Amount of Contribution (\$)         Date 07/30/2024       Full name of contributor		Del Rio TX 78840			
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (IDI:	8 Principal occu		9 Employer (See Instructions	)	
07/30/2024       Perez, Carrie       \$60.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (Du:				)	
07/30/2024       Perez, Carrie       \$60.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         Date       Full name of contributor       out-of-state PAC (De:	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Friendswood, TX 77546         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         08/27/2024         Full name of contributor	07/30/2024				\$60.00
Friendswood, TX 77546       Employer (See Instructions) self         Principal occupation / Job title (See Instructions) Owner/Operator       Full name of contributor out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:		······································			
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:		Friendswood, TX 77546			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/27/2024       Perez, Carrie       \$60.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$elf         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       amount of Contribution (\$)       \$60.00         07/02/2024       Quijano, Mariselle       Amount of Contribution (\$)       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$60.00         O7/02/2024       Quijano, Mariselle       Amount of Contribution (\$)       \$60.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$60.00         Owner/Operator       Self       Self       \$270.00         O7/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$270.00         O7/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$270.00         O7/30/2024       Full name of contributor <t< td=""><td>Principal occu</td><td>upation / Job title (See Instructions)</td><td>Employer (See Instructions</td><td>)</td><td></td></t<>	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	)	
08/27/2024       Perez, Carrie       \$60.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       out-of-state PAC (ID#:         Date       Full name of contributor       out-of-state PAC (ID#:         Quijano, Mariselle       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Pasadena, TX 77505       Employer (See Instructions)         Owner/Operator       self       self         Date       Pasadena, TX 77505       Employer (See Instructions)         Owner/Operator       self       self         Date       Full name of contributor       out-of-state PAC (ID#:	Owner/Oper	rator	self		
08/27/2024       Perez, Carrie       \$60.00         Contributor address; City; State; Zip Code       Friendswood, TX 77546         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       out-of-state PAC (ID#:)         Amount of Contribution (\$)       Contribution address; City; State; Zip Code         Oate       Quijano, Mariselle         Quijano, Mariselle	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Friendswood, TX 77546         Principal occupation / Job title (See Instructions)       Employer (See Instructions) self         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)         O7/02/2024       Full name of contributor out-of-state PAC (ID#:)         O7/02/2024       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Ornibutor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self	08/27/2024				\$60.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         07/02/2024       Quijano, Mariselle       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Pasadena, TX 77505       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Owner/Operator       Self       Self       Self         Date       Pasadena, TX 77505       Employer (See Instructions)       Self         Owner/Operator       Self       Self       Self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Principal occupation / Job title					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       \$60.00         Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       \$60.00         Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       \$60.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$60.00         Pasadena, TX 77505       Employer (See Instructions)       Self         Owner/Operator       Self       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Quijano, Nelly       Amount of Contribution (\$)       \$270.00         O7/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)       \$270.00         Pasadena, TX 77505       Employer (See Instructions)       \$270.00       \$		Friendswood, TX 77546			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/02/2024       Quijano, Mariselle       \$60.00         Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Quijano, Nelly       self       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Pasadena, TX 77505       Employer (See Instructions)       \$270.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$270.00	-		Employer (See Instructions	)	
07/02/2024       Quijano, Mariselle       \$60.00         Contributor address; City; State; Zip Code       \$60.00         Pasadena, TX 77505       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Quijano, Nelly       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Full name of contributor       out-of-state; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$270.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$270.00	Owner/Oper	rator	self		
Contributor address; City; State; Zip Code         Pasadena, TX 77505         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor inductor ind	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor out-of-state PAC (ID#:)         Date       Full name of contributor out-of-state PAC (ID#:)         Quijano, Nelly       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/02/2024				\$60.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)         07/30/2024       Quijano, Nelly         Contributor address; City; State; Zip Code       \$270.00         Pasadena, TX 77505       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)         07/30/2024       Quijano, Nelly         Contributor address; City; State; Zip Code       \$270.00         Pasadena, TX 77505       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)         07/30/2024       Quijano, Nelly         Contributor address; City; State; Zip Code       \$270.00         Pasadena, TX 77505       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       07/30/2024     Quijano, Nelly     \$270.00       Contributor address; City; State; Zip Code     Fasadena, TX 77505     Fmployer (See Instructions)					
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/30/2024       Quijano, Nelly       \$270.00         Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	-			)	
07/30/2024       Quijano, Nelly       \$270.00         Contributor address; City; State; Zip Code       Pasadena, TX 77505         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/Oper	rator	self		
Contributor address; City; State; Zip Code         Pasadena, TX 77505         Principal occupation / Job title (See Instructions)         Employer (See Instructions)			)	Amount of Contribution (\$)	
Pasadena, TX 77505       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	07/30/2024				\$270.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Decedence TV 77505			
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Owner/Operator	-			)	
	Owner/Oper		5011		

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 50/67 Rpt: 53/76
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	08/27/2024	Quijano, Nelly		\$270.00
		6 Contributor address; City; State; Zip Code		1
		Pasadena, TX 77505		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Operation	ator	self	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/29/2024	Raabe, Dale		\$250.00
				•
		Kingsville, TX 78364		
		ipation / Job title (See Instructions)	Employer (See Instructions	5) 5)
	Owner/Oper	ator	self	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/21/2024	Raabe, Dale		\$250.00
		Contributor address; City; State; Zip Code		
		Kingsville, TX 78364		
		upation / Job title (See Instructions)	Employer (See Instructions	3)
	Owner/Operation	1	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	07/26/2024	Robillard, Rick		\$135.00
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79407		
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Owner/Operation	ator	self	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	08/23/2024	Robillard, Rick		\$135.00
		Contributor address; City; State; Zip Code		
		Lubbock, TX 79407		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/67 Rpt: 54/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/25/2024	Robillard, Rick		\$135.
	6 Contributor address; City; State; Zip Code		
	Lubbock, TX 79407		
	Ipation / Job title (See Instructions)	9 Employer (See Instructions	;)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Rodriguez, Carlos		\$100.
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78248		
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
08/21/2024	Rodriguez, Carlos		\$100.
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78248		
•	Ipation / Job title (See Instructions)	Employer (See Instructions	i)
Owner/Oper	1	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/15/2024	Roetzel, Pat		\$60.
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76093		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	x)
Owner/Oper		self	7
Date			Amount of Contribution (\$)
08/15/2024	Full name of contributor out-of-state PAC (ID#: Roetzel, Pat	/	\$60.
00/10/2024			
	Contributor address; City; State; Zip Code		
	Mansfield, TX 76093		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>
Owner/Oper		self	,
-			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 52/67 Rpt: 55/76	
2 FILER NAME			3 Filer ID (Ethics Commission F	ilers)
	nald's Operators Association PAC, Inc.		00066524	10.0,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/17/2024	Roetzel, Pat			\$60.00
	6 Contributor address; City; State; Zip Code			
	Mansfield, TX 76093			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	) )	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/29/2024	Ross III, Winston		d d	\$375.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78755			
	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Owner/Opera		self	T	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	+ 00
08/21/2024	Ross III, Winston		۹	\$375.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78755			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)	
Owner/Opera		self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/29/2024	Ross Jr., Winston			\$50.00
	Contributor address; City; State; Zip Code			
	Austin TV 707EE			
Principal occu	Austin, TX 78755 pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Owner/Opera		self	<i>i)</i>	
Date			Amount of Contribution (\$)	
Dale 08/21/2024	Full name of contributor out-of-state PAC (ID#: Ross Jr., Winston	)		\$50.00
00,21,202.	Contributor address; City; State; Zip Code			Ψ00.00
	Continuation address, City, State, Zip Code			
	Austin, TX 78755			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)	
Owner/Opera	ator	self		

The Instruction Guide explains how to complete this form.       1       Total pages Schedule A1: Sch: SJ07 Rpt: S6/76         2       FILER NAME Texas McDonald's Operators Association PAC, Inc.       3       Filer ID (Ethics Commission Filers) 00066524         4       Date 07/29/2024       5       Full name of contributor out-of-state PAC (IDE:)       7       Amount of Contribution (\$)         6       Contributor address; City; State; Zip Code San Antonio, TX 78216       9       Employer (See Instructions) self       7       Amount of Contribution (\$)         08/21/2024       Salazar, Maria Contributor address; City; State; Zip Code       9       Employer (See Instructions) self       Amount of Contribution (\$)       \$25         Date       Full name of contributor
Texas McDouid's Operators Association PAC, Inc.       00066524         4       Date       5       Full name of contributor       out-of-state PAC (ID#:
Texas McDouid's Operators Association PAC, Inc.         00066524           4         Date         5         Full name of contributor         out-of-state PAC (ID#:
07/29/2024       Salazar, Maria       \$25         6       Contributor address; City, State; Zip Code       \$26         3       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self       \$27         Date       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)       \$25         08/21/2024       Salazar, Maria       Contributor address; City, State; Zip Code       Amount of Contribution (\$)       \$25         08/21/2024       Salazar, Maria       Employer (See Instructions) Self       Amount of Contribution (\$)       \$25         08/21/2024       San Antonio, TX 78216       Employer (See Instructions) Self       Amount of Contribution (\$)       \$26         Owner/Operator       Salazar Jr., Jose       Amount of Contribution (\$)       \$100       \$100         07/29/2024       Full name of contributor       out-of-state PAC (ID#:       Amount of Contribution (\$)       \$100         07/29/2024       San Antonio, TX 78216       Employer (See Instructions) Self       Amount of Contribution (\$)       \$100         Principal occupation / Job title (See Instructions) San Antonio, TX 78216       Employer (See Instructions) Self       Amount of Contribution (\$)       \$100         Date       Full name of contributor       out-of-state PAC (ID#:       Am
6       Contributor address; City; State; Zip Code         San Antonio, TX 78216       San Antonio, TX 78216         8       Principal occupation / Job title (See Instructions) of Salazar, Maria       Self         Date       Full name of contributor       out-of-state PAC (ID#:
6       Contributor address; City; State; Zip Code       San Antonio, TX 78216       9       Employer (See Instructions) self         8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self       Amount of Contribution (\$)         08/21/2024       Full name of contributor
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Salazar, Maria
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Salazar, Maria
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Salazar, Maria
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Salazar, Maria
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         08/21/2024       Salazar, Maria       \$25         Contributor address; City; State; Zip Code       San Antonio, TX 78216       \$26         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$27         Owner/Operator       Salazar Jr., Jose       Salazar Jr., Jose       Amount of Contribution (\$)         07/29/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       Salazar Jr., Jose       \$100         Contributor address; City; State; Zip Code       \$100       \$100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100         07/29/2024       San Antonio, TX 78216       \$100       \$100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100         Owner/Operator       San Antonio, TX 78216       Amount of Contribution (\$)       \$100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100         Owner/Operator       Self       \$25       \$25         Date       Full name of contributor
08/21/2024       Salazar, Maria       \$25         Contributor address; City; State; Zip Code       San Antonio, TX 78216       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Owner/Operator       Salazar Jr., Jose       Amount of Contribution (\$)       \$100         07/29/2024       Salazar Jr., Jose       Amount of Contribution (\$)       \$100         07/29/2024       San Antonio, TX 78216       Amount of Contribution (\$)       \$100         Principal occupation / Job title (See Instructions)       Contributor address; City; State; Zip Code       San Antonio, TX 78216       San Antonio, TX 78216         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self       Self         Date       Full name of contributor       out-of-state PAC (ID#:
Contributor address; City; State; Zip Code         San Antonio, TX 78216         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor         07/29/2024         Salazar Jr., Jose         Contributor address; City; State; Zip Code         San Antonio, TX 78216         Principal occupation / Job title (See Instructions)         San Antonio, TX 78216         Principal occupation / Job title (See Instructions)         San Antonio, TX 78216         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor         Out-of-state PAC (ID#:)         Amount of Contribution (\$)         San Antonio, TX 78216         Principal occupation / Job title (See Instructions)         Owner/Operator         Date       Full name of contributor         Out-of-state PAC (ID#:)       Amount of Contribution (\$)
Contributor address; City; State; Zip Code       San Antonio, TX 78216         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:) Salazar Jr., Jose       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       \$100         Contributor address; City; State; Zip Code       \$100         San Antonio, TX 78216       \$100         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:)         Annount of Contribution (\$)       \$100         San Antonio, TX 78216       Employer (See Instructions) self         Owner/Operator       Self
San Antonio, TX 78216       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)         Date       Full name of contributor       out-of-state PAC (ID#:)         O7/29/2024       Salazar Jr., Jose       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       San Antonio, TX 78216       Amount of Contributions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$100         Owner/Operator       San Antonio, TX 78216       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       full name of contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       full name of contributor         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       full name of contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code       full name of contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       full name of contributor         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       \$100         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$100         San Antonio, TX 78216       Employer (See Instructions)       Principal occuration / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         07/29/2024       Salazar Jr., Jose       \$100         Contributor address; City; State; Zip Code       \$100         San Antonio, TX 78216       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Date       Full name of contributor         Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)
07/29/2024       Salazar Jr., Jose       \$100         Contributor address; City; State; Zip Code       \$100         San Antonio, TX 78216       \$100         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)
Contributor address; City; State; Zip Code         San Antonio, TX 78216         Principal occupation / Job title (See Instructions) Owner/Operator         Employer (See Instructions) Owner/Operator         Employer (See Instructions) Self         Date       Full name of contributor         Out-of-state PAC (ID#:)       Amount of Contribution (\$)
Contributor address; City; State; Zip Code     San Antonio, TX 78216       Principal occupation / Job title (See Instructions) Owner/Operator     Employer (See Instructions) self       Date     Full name of contributor     out-of-state PAC (ID#:)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)     Employer (See Instructions)       Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)
09/21/2024 Salazar Ir Joso \$100
Contributor address; City; State; Zip Code
San Antonio, TX 78216
Principal occupation / Job title (See Instructions) Employer (See Instructions)
Owner/Operator self
Date       Full name of contributor       Out-of-state PAC (ID#:)       Amount of Contribution (\$)
07/02/2024 Schmid, Mark \$30
Contributor address; City; State; Zip Code
Richmond, TX 77469
Principal occupation / Job title (See Instructions) Employer (See Instructions)

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The Instru	iction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 54/67 Rpt: 57/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/30/2024	Schmid, Mark		\$45.0
	6 Contributor address; City; State; Zip Code		1
	Richmond, TX 77469		
	upation / Job title (See Instructions)	9 Employer (See Instructions	3)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/27/2024			\$45.0
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	;) 
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/02/2024			\$75.0
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/30/2024	Schmid, Michael		\$75.0
	Contributor address; City; State; Zip Code		1
	Richmond, TX 77469		
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> \$)
Owner/Oper		self	,
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
08/27/2024		/	\$75.0
	Contributor address; City; State; Zip Code		
	Richmond, TX 77469		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ة)
Owner/Oper		self	
		1	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 55/67 Rpt: 58/76
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
07/02/2024	Scholz, Kyle		\$30.0
	6 Contributor address; City; State; Zip Code		
	Spring, TX 77389		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
07/16/2024	Schuster, Troy		\$60.0
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75901		
-	pation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
08/19/2024	Schuster, Troy		\$60.0
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75901		
	upation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/23/2024	Schuster, Troy		\$60.0
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75901	•	
	ipation / Job title (See Instructions)	Employer (See Instructions	)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
07/29/2024	Shields, Veronica		\$50.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78246		
	ipation / Job title (See Instructions)	Employer (See Instructions	)
Owner/Oper	ator	self	
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	The Instru	ction Guide explains how to complete this f	orm.	1	otal pages Schedule A1: ich: 56/67 Rpt: 59/76	
2	FILER NAME			3 F	iler ID (Ethics Commission	n Filers)
		nald's Operators Association PAC, Inc.		1	0066524	,
4	Date	5 Full name of contributor Dut-of-state PAC (ID#:_	)	7 A	mount of Contribution (\$)	
	08/21/2024	Shields, Veronica				\$50.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78246				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	07/02/2024	Smith, Hazel				\$90.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77004				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	A	mount of Contribution (\$)	
	07/30/2024	Smith, Hazel				\$90.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77004				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor 🔲 out-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	08/27/2024	Smith, Hazel				\$90.00
		Contributor address; City; State; Zip Code				
		Houston, TX 77004				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	A	mount of Contribution (\$)	
	07/29/2024	Smith, Jeanie				\$200.00
		Contributor address; City; State; Zip Code				
L		Dobbin, TX 77333				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Owner/Oper	ator	self			
L						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 57/67 Rpt: 60/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) <b>7</b> Amount of Contribution (\$)
08/21/2024 Smith, Jeanie	\$200.00
6 Contributor address; City; State; Zip Code	
Dobbin, TX 77333	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instr	ructions)
Owner/Operator self	
Date Full name of contributor ot-state PAC (ID#:	) Amount of Contribution (\$)
07/15/2024 Smith, Jeff	\$45.00
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
08/15/2024 Smith, Jeff	\$45.00
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
09/17/2024 Smith, Jeff	\$45.00
Contributor address; City; State; Zip Code	
DeSoto, TX 75115	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
07/26/2024 Snowberger, Chris	\$25.00
Contributor address; City; State; Zip Code	
Clovis, NM 88102	
Principal occupation / Job title (See Instructions) Employer (See Instr	ructions)
Owner/Operator self	

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 58/67 Rpt: 61/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date   5 Full name of contributor   out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
08/23/2024 Snowberger, Chris	\$25.00
6 Contributor address; City; State; Zip Code	
Clovis, NM 88102	
8 Principal occupation / Job title (See Instructions)         9 Employer (See Instruction)	ons)
Owner/Operator self	
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024 Snowberger, Chris	\$25.00
Contributor address; City; State; Zip Code	
Clovis, NM 88102	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Owner/Operator self	
Date         Full name of contributor         out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2024 Snowberger, Robyn	\$25.00
Contributor address; City; State; Zip Code	
Clovis, NM 88102	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Owner/Operator self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/23/2024 Snowberger, Robyn	\$25.00
Contributor address; City; State; Zip Code	
Clovis, NM 88102	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
09/25/2024 Snowberger, Robyn	\$25.00
Contributor address; City; State; Zip Code	
Clovis, NM 88102	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ons)
Owner/Operator self	

The Instru	uction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 59/67 Rpt: 62/76	
2 FILER NAME	=		3 Filer ID (Ethics Commission	Filers)
	- onald's Operators Association PAC, Inc.		00066524	T liersy
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
07/30/2024	Soudagar, Sarem			\$195.00
	6 Contributor address; City; State; Zip Code			
0 Driveire Leve	Spring, TX 77379		\	
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Owner/Ope		self	1	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
08/27/2024				\$195.00
	Contributor address; City; State; Zip Code			
- · · ·	Spring, TX 77379		<u> </u>	
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Ope		self	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024	Spann, Warren			\$90.00
	Contributor address; City; State; Zip Code			
	Sugar Land TV 77470			
Dringinglago	Sugar Land, TX 77479	Employer (Cas Instructions		
Owner/Ope	upation / Job title (See Instructions)	Employer (See Instructions self	<i>)</i> )	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>#00.00</b>
08/27/2024				\$90.00
	Contributor address; City; State; Zip Code			
	Sugar Land, TX 77479			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Owner/Ope		self	,	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
07/29/2024	— —			\$100.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78230			
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions	;) ;)	
Owner/Ope	rator	self		
		ı		

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 60/67 Rpt: 63/76	
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	onald's Operators Association PAC, Inc.			00066524	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
08/21/2024	Stagg, Fabiola				\$100.00
!	6 Contributor address; City; State; Zip Code		1		
, I					
	San Antonio, TX 78230				
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
07/29/2024	Stagg, Nedrick				\$725.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	San Antonio, TX 78230				
	ipation / Job title (See Instructions)	Employer (See Instructions	3)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	<u>.                                    </u>	Γ	Amount of Contribution (\$)	
08/21/2024	Stagg, Nedrick				\$725.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	San Antonio, TX 78230				
	upation / Job title (See Instructions)	Employer (See Instructions	3)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
07/26/2024	Story, Bill				\$25.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	El Paso, TX 79925	1	Ļ		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Opera	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
08/23/2024	Story, Bill				\$25.00
1	Contributor address; City; State; Zip Code		1		
1					
1					
	El Paso, TX 79925				
	ipation / Job title (See Instructions)	Employer (See Instructions	5)		
Owner/Opera	ator	self			
1					

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 61/67 Rpt: 64/76
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
09/25/2024 Story, Bill	\$25.00
6 Contributor address; City; State; Zip Code	
El Paso, TX 79925	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruction	1 15)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/29/2024 Straza, Jamie	\$200.00
Contributor address; City; State; Zip Code	
Contributor address, City, State, Zip Code	
Austin, TX 78704	
Principal occupation / Job title (See Instructions) Employer (See Instruction	 ns)
Owner/Operator self	
	Amount of Constribution (ft)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/21/2024 Straza, Jamie	\$200.00
Contributor address; City; State; Zip Code	
Austin, TX 78704	
Principal occupation / Job title (See Instructions)Employer (See InstructionOwner/Operatorself	15)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
07/26/2024 Vargas, Hugo	\$100.00
Contributor address; City; State; Zip Code	
Lubbock, TX 79424	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Owner/Operator self	
Date Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution (\$)
08/23/2024 Vargas, Hugo	\$100.00
Contributor address; City; State; Zip Code	
Lubbock, TX 79424	
Lubbock, TX 79424       Principal occupation / Job title (See Instructions)       Employer (See Instruction)	ns)
	ns)
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f		Total pages Schedule A1: Sch: 62/67 Rpt: 65/76		
2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)
Texas McDo	onald's Operators Association PAC, Inc.			00066524	-
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
09/25/2024	Vargas, Hugo				\$100.00
	6 Contributor address; City; State; Zip Code		1		
	Lubbock, TX 79424	1			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
Owner/Oper	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
07/26/2024	Varghese, Denny				\$25.00
	Contributor address; City; State; Zip Code		]		
	Childress, TX 79201				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions			
Owner/Oper		self	5)		
			<del>—</del>	Amount of Contribution (¢)	
Date 08/23/2024	Full name of contributor out-of-state PAC (ID#: Varghese, Denny	)		Amount of Contribution (\$)	\$25.00
0012012024					Ψ20.00
	Contributor address; City; State; Zip Code				
	Childress, TX 79201				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
Owner/Oper	ator	self			
Date	Full name of contributor out-of-state PAC (ID#:_	<u>·</u> )	Γ	Amount of Contribution (\$)	
09/25/2024	Varghese, Denny				\$25.00
	Contributor address; City; State; Zip Code		1		
D in single and	Childress, TX 79201		Ĺ		
Principal occu Owner/Oper	upation / Job title (See Instructions)	Employer (See Instructions self	3)		
			<del>—</del>		
Date	Full name of contributor out-of-state PAC (ID#:)	)		Amount of Contribution (\$)	<b>*</b> 20.00
07/02/2024	Vo, Hubert				\$30.00
	Contributor address; City; State; Zip Code				
	Houston, TX 77072				
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		
Owner/Oper		self	-,		

SCHEDULE	A1
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3	Total pages Schedule A1: Sch: 63/67 Rpt: 66/76 Filer ID (Ethics Commission 00066524 Amount of Contribution (\$)	
	Filer ID (Ethics Commission 00066524	
	00066524	
) 7	Amount of Contribution (\$)	
		\$150.00
See Instructions)		
)	Amount of Contribution (\$)	
		\$150.00
(See Instructions)		
	Amount of Contribution (\$)	
)		\$175.00
		<i><b>Q</b><sub>1</sub>, 0, 000</i>
(See Instructions)		
)	Amount of Contribution (\$)	
		\$175.00
(See Instructions)		
	Amount of Contribution (\$)	
,		\$75.00
		Ψι 0.00
(See Instructions)		
	See Instructions)	

The Instruction G	The Instruction Guide explains how to complete this form.			
2 FILER NAME			3 Filer ID (Ethics Commission Filers	rs)
Texas McDonald's C	Operators Association PAC, Inc.		00066524	-,
	name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
08/23/2024 Whe	ealy, David		\$7	75.00
<b>6</b> Con <sup>1</sup>	tributor address; City; State; Zip Code			
Bree	ckenridge, TX 79424			
8 Principal occupation / 3	Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/Operator		self		
Date Full	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/25/2024 Whe	ealy, David		\$7	75.00
Con	tributor address; City; State; Zip Code			
	· - ·			
Bree	ckenridge, TX 79424			
Principal occupation /	Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Operator		self		
Date Full	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/30/2024 Whi	itaker, Billy		\$4	45.00
Con	tributor address; City; State; Zip Code			
Ηου	uston, TX 77098			
	Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Operator		self		
Date Full	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
08/27/2024 Whi	itaker, Billy		\$4	45.00
Con	tributor address; City; State; Zip Code			
	uston, TX 77098			
	Job title (See Instructions)	Employer (See Instructions		
Owner/Operator		self		
Date Full	name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
07/26/2024 Wils	son, Eric		\$17	75.00
Con	tributor address; City; State; Zip Code			
San	n Angelo, TX 76903			
	Job title (See Instructions)	Employer (See Instructions	<i>;</i> )	
Owner/Operator		self		

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.					Total pages Schedule A1: Sch: 65/67 Rpt: 68/76	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		onald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/23/2024	Wilson, Eric				\$175.00
		6 Contributor address; City; State; Zip Code		1		
Ļ	21.1.1	San Angelo, TX 76903		Ĺ		
		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Owner/Oper		self	<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	_
	09/25/2024	Wilson, Eric				\$175.00
		Contributor address; City; State; Zip Code		]		
⊢	D i vizzlaza	San Angelo, TX 76903		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper		self	<del>, -</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/15/2024	York, Craig				\$210.00
		Contributor address; City; State; Zip Code		]		
	Duin singl oppi	Dallas, TX 75238	Employer (Cool Instructions	Ĺ		
	Owner/Oper	upation / Job title (See Instructions)	Employer (See Instructions self	3)		
				—		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	08/15/2024	York, Craig				\$210.00
		Contributor address; City; State; Zip Code				
		Dallas TV 75228				
┡	Drizoinal agai	Dallas, TX 75238	Employer (Cool Instructions			
	Owner/Oper	upation / Job title (See Instructions)	Employer (See Instructions self	3)		
				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	+ - 1
	09/17/2024	York, Craig				\$210.00
		Contributor address; City; State; Zip Code				
⊢	=	Dallas, TX 75238		ŕ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 66/67 Rpt: 69/76			
2 FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Texas McDonald's Operators Association PAC, Inc.				00066524	
4 Date	5 Full name of contributor	ut-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
07/15/2024	Young, Lynann					\$45.00
	6 Contributor address; City; State; Zi	p Code		1		
	Flint, TX 75762					
8 Principal occu Owner/Opera	pation / Job title (See Instructions) ator	9	Employer (See Instructions self	5)		
Date	Full name of contributor	it-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/15/2024	Young, Lynann					\$45.00
	Contributor address; City; State; Zi			1		
	Flint, TX 75762					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
Owner/Opera			self			
Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
09/17/2024	Young, Lynann	II-0I-SIGIE PAC (ID#	)			\$45.00
03/1//2024						Ψ40.00
	Contributor address; City; State; Zi	p Code				
	Flint, TX 75762					
Principal occu	pation / Job title (See Instructions)	1	Employer (See Instructions	<u> </u> ເ)		
Owner/Opera			self	"		
				_		
Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	*** **
07/15/2024	Young, William					\$15.00
	Contributor address; City; State; Zi	p Code				
	Flint, TX 75762					
Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> چ)		
Owner/Opera			self			
Date		ut-of-state PAC (ID#:	)		Amount of Contribution (\$)	
08/15/2024	Young, William	II-0I-SIGIE PAC (ID#	)			\$15.00
00/13/2024	-					φ13.00
	Contributor address; City; State; Zi	p Code				
	Flint TX 75762					
Dringing Las	Flint, TX 75762	i	Employer (Cas Instant)	<u> </u>		
	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Owner/Opera	alor		self			

MONET	ARY POLITICAL CONTRIBUTI	ONS	SCHEDULE A1
The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 67/67 Rpt: 70/76
2 FILER NAME Texas McDo	nald's Operators Association PAC, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00066524
4 Date 09/17/2024	<ul> <li>5 Full name of contributor out-of-state PAC (ID# Young, William</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	#:)	7 Amount of Contribution (\$) \$15.00
	Flint, TX 75762		
8 Principal occu Owner/Oper	pation / Job title (See Instructions) ator	9 Employer (See Instructions self	6)

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       -     Gift/Awards/Memorials Expense     Printing Expense     Travel Out of District			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 1/6 Rpt: 71/76	Texas McDonald's Operators Association PAC, Inc. 00066524			
4 Date	5 Payee name			
07/08/2024	Carriage House Partners			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$5,000.00	1111 Guadalupe St			
Expenditure from corporate funds	Austin, TX 78701			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense consulting services			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
08/08/2024	Carriage House Partners			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	1111 Guadalupe St			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Consulting Expense</li> <li>(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense consulting services</li> </ul>			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
09/08/2024	Carriage House Partners			
Amount (\$)	Payee address; City; State; Zip Code			
\$5,000.00	1111 Guadalupe St			
Expenditure from corporate funds	Austin, TX 78701			
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Consulting Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense consulting services</li> </ul>			
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held			

		EXPENDITURE (	CATEGORIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Loan Re Office C Polling I ense Printing Salaries	epayment/Reimbu verhead/Rental E Expense Expense /Wages/Contract	ursement Expense Labor	Transportatic Travel in Dist Travel Out of	
1 Total pages Schedule F1:	2 FILER NAM	IE				3 Filer ID	(Ethics Commission Filers)
Sch: 2/6 Rpt: 72/76		Donald's Operators	Association PA	C, Inc.		0006652	4
4 Date	5 Payee nam	е			•		
07/15/2024	-	son Tax and Financ	ial Consulting				
6 Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode			
\$150.00	400 S Zan	a Blvd					
	Ste 620	5					
Expenditure from		75000					
corporate funds	Dallas, TX	/5208		_			
8 PURPOSE OF EXPENDITURE	(a) Category Accounting	See Categories listed at the to g/Banking	op of this schedule)		ck if travel o		Complete Schedule T.
					unting fe	TX, officeholder liv	ving expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	Jught		Office	held
Date	Payee nam	e					
08/15/2024	-	son Tax and Financ	ial Consulting				
Amount (\$)	Payee addr	ess; City;	State; Zip C	code			
\$150.00	400 S Zan	g Blvd					
	Ste 620	-					
Expenditure from corporate funds	Dallas, TX	75208					
PURPOSE OF EXPENDITURE	(a) Category ( Accounting	See Categories listed at the to g/Banking	pp of this schedule)	Che	ck if travel o	TX, officeholder liv	complete Schedule T. ving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so	bught		Office	held
Date	Payee nam	e					
09/15/2024	-	son Tax and Financ	ial Consulting				
Amount (\$)	Payee addr	ess; City;	State; Zip C	ode			
\$150.00	400 S Zan	g Blvd					
	Ste 620	-					
Expenditure from corporate funds	Dallas, TX	75208					
PURPOSE				(b) Descri	ntion		
OF EXPENDITURE	Accounting	See Categories listed at the to g/Banking	p of this schedule)	Che	ck if travel o	TX, officeholder liv	complete Schedule T. ving expense
Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office so	ught		Office	held

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Sebedula E1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	—
1 Total pages Schedule F1: Sch: 3/6 Rpt: 73/76	2       FILER NAME       3       Filer ID       (Ethics Commission Filers)         Texas McDonald's Operators Association PAC, Inc.       00066524	
4 Date	5 Payee name	_
07/09/2024	Intuit	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$95.94	2535 Garcia Lane	
Expenditure from corporate funds	Mountain View, CA 94043	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	QuickBooks online monthly fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
08/09/2024	Intuit	
Amount (\$)	Payee address; City; State; Zip Code	
.,		
\$95.94	2535 Garcia Lane	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>QuickBooks online monthly fee</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	-
Date	Paveo namo	=
09/09/2024	Payee name Intuit	
Amount (\$)	Payee address; City; State; Zip Code	
\$95.94	2535 Garcia Lane	
Expenditure from corporate funds	Mountain View, CA 94043	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Fees       Check if travel outside of Texas. Complete Schedule T.	
	Check if Austin, TX, officeholder living expense	
	QuickBooks online monthly fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 74/76	Texas McDonald's Operators Association PAC, Inc.     00066524
4 Date	5 Payee name
07/15/2024	Sue Elkins CPA
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$150.00	6400 N Santa Fe Ave
	Ste A
Expenditure from	
corporate funds	Oklahoma City, OK 73116
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul> </li> </ul>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought Office held
Date	Payee name
08/15/2024	Sue Elkins CPA
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	6400 N Santa Fe Ave
\$100.00	
Expenditure from corporate funds	Ste A Oklahoma City, OK 73116
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
09/15/2024	Sue Elkins CPA
Amount (\$)	Payee address; City; State; Zip Code
\$150.00	6400 N Santa Fe Ave
+_00100	Ste A
Expenditure from	
corporate funds	Oklahoma City, OK 73116
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul> </li> </ul>
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       Glft/Awards/Memorials Expense     Printing Expense     Travel Ot of District		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
Sch: 5/6 Rpt: 75/76	Texas McDonald's Operators Association PAC, Inc. 00066524		
4 Date	5 Payee name		
09/20/2024	Toni Rose Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,500.00	PO Box 41867		
Expenditure from corporate funds	Dallas, TX 75241		
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 Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee donation to campaign		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
08/12/2024	USPS		
Amount (\$)	Payee address; City; State; Zip Code		
\$14.60	194 Civic Circle		
Expenditure from corporate funds	Lewisville, TX 75067		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Office Overhead/Rental Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>postage</li> </ul>		
Complete ONLY if direct       Candidate/Officeholder name       Office sought       Office held         expenditure to benefit C/OH			
Date	Payee name		
07/15/2024	Watts, Kimberly		
Amount (\$)	Payee address; City; State; Zip Code		
\$600.00	1412 Berne Lane		
Expenditure from corporate funds	Lewisville, TX 75067		
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Salaries/Wages/Contract Labor</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense services rendered</li> </ul> </li> </ul>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

Event Expense Fees Food/Beverage Expense y - Gift/Awards/Memorials Expense al Committee 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)		
2 EILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)		
	ition PAC. Inc.	00066524		
		0000024		
-				
1412 Berne Lane				
Lewisville, TX 75067				
(a) Category (See Categories listed at the top of this so	(b) Description			
Salaries/Wages/Contract Labor	Check if travel	l outside of Texas. Complete Schedule T.		
		n, TX, officeholder living expense		
	services ren	dered		
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Payee name				
Watts, Kimberly				
Payee address; City; State	e; Zip Code			
1412 Berne Lane				
Lewisville, TX 75067				
(a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	Check if travel	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense <b>dered</b>		
Candidate/Officeholder name H	Office sought	Office held		
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains Payee name Watts, Kimberly Payee address; City; State 1412 Berne Lane Lewisville, TX 75067 (a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor Payee name Watts, Kimberly Payee address; City; State 1412 Berne Lane Payee name Watts, Kimberly Payee address; City; State 1412 Berne Lane Lewisville, TX 75067 (a) Category (See Categories listed at the top of this so Salaries/Wages/Contract Labor	Fees       Office Overhead/Rental Expense         Food Beverage Expense       Office Overhead/Rental Expense         Committee       Clift/Awards/Memorials Expense         I Committee       The Instruction Guide explains how to complete this form.         2       FILER NAME         Texas McDonald's Operators Association PAC, Inc.         5       Payee name         Watts, Kimberly         7       Payee address;         City;       State;         Zip Code         1412 Berne Lane         Lewisville, TX 75067         (a) Category (see Categories listed at the top of this schedule)         Salaries/Wages/Contract Labor         Candidate/Officeholder name         Vatts, Kimberly         Payee name         Watts, Kimberly         Payee address;       City;         State;       Zip Code         1412 Berne Lane         Lewisville, TX 75067         (a) Category (see Categories listed at the top of this schedule)		