#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059363 3 COMMITTEE NAME **OFFICE USE ONLY** Manufacturers PAC of Texas Date Received **ELECTRONICALLY FILED** 10/07/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 11510 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78711 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Bill Mr. NAME NICKNAME LAST **SUFFIX** Oswald STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1005 Congress Avenue STREET **ADDRESS** Suite 440 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1005 Congress Avenue MAILING **ADDRESS** Suite 440 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-1148 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff Year 10 PERIOD Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special **GO TO PAGE 2**

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

### FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Manufacturers PAC o	f Texas	00059363		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Dr. Charles Schwertner State	e Senator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders     Assisted     (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	O 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)	\$	30,250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	\$	0.00	
	4. TOTAL POLITICA	L EXPENDITURES	\$	4,200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	F DAY	37,367.73
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	<u>'</u>		<u>'</u>	
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Mr. Bi	ill Oswald	
		Signature of Ca	ampaign Treasure	r
AFFIX NOTAR	Y STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said		this the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

#### GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

### FORM GPAC ADDENDUM

						Page 3 of 8
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Manufacturers PAC of	Гехаѕ				00059363	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Phil King State	Senator		
(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.)					
COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported	Jared Patterson	State Represer	ntative	
(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.)					

#### **SUBTOTALS - GPAC**

### FORM **GPAC**COVER SHEET PG 3

				4 of 8
		EE NAME urers PAC of Texas	<b>18</b> Filer ID 00059363	(Ethics Commission Filers)
19 SCH NAM	HEDULI ME OF :	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 18,500.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$
6.	Х	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$ 11,500.00
7.	X	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		<b>\$</b> 250.00
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 4,200.00
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 CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

	MONEI	ARY POLITICAL CONTRIBUTION	5	SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this form	Total pages Schedule A1: Sch: 1/1 Rpt: 5/8		
2	FILER NAME Manufacture	rs PAC of Texas	Filer ID (Ethics Commission 00059363	n Filers)	
4	Date 09/16/2024	<ul> <li>Full name of contributor</li></ul>	7 Amount of Contribution (\$)	\$10,000.00	
8	Principal occu	Irving, TX 75039 pation / Job title (See Instructions)  9	Employer (See Instructions)		
	Date 09/23/2024	Full name of contributor x out-of-state PAC (ID#: C00 Employees of Raytheon Technologies Corporation Contributor address; City; State; Zip Code  Arlington, VA 22209	Amount of Contribution (\$)	\$3,000.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/19/2024	Full name of contributor X out-of-state PAC (ID#: C00 KOCHPAC  Contributor address; City; State; Zip Code	236489 )	Amount of Contribution (\$)	\$2,000.00
	Principal occu	Wichita, KS 67220 pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 09/10/2024	Full name of contributor		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 08/27/2024	Full name of contributor x out-of-state PAC (ID#: C00 Sanofi US Services Inc Employees PAC Contributor address; City; State; Zip Code  Bridgewater, NJ 08807	144345 )	Amount of Contribution (\$)	\$2,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
		<u> </u>			

## MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruc	ction Guide explains how to complete this form.	1	1 Total pages Schedule C3: Sch: 1/1 Rpt: 6/8			
2	2 FILER NAME			Filer ID	(Ethics Commission Filers)		
4	Manufacture Date	rs PAC of Texas  5 Corporation / Labor Organization name	6	00059363 Amount (\$)			
Ľ	07/22/2024	Chevron U.S.A. Inc.		Amount (φ)	10,000.00		
Г	Date	Corporation / Labor Organization name		Amount (\$)			
L	07/31/2024	Texas Association of Manufacturers			500.00		
	Date	Corporation / Labor Organization name		Amount (\$)			
L	09/12/2024	Texas Association of Manufacturers			1,000.00		

# NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 7/8 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Manufacturers PAC of Texas 00059363 Date 5 Corporation / Labor Organization name 6 Amount (\$) 09/26/2024 250.00 **Texas Association of Manufacturers**

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

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Ex Gift/Awards/Memo Legal Services The Instruction			xpens Vages	e /Contract Labor		Travel in District Travel Out of Di OTHER (enter a		
1	Total pages Schedule F1:	2 FILER	NAME					3	Filer ID	(Ethics Commission Fil	lers)
	Sch: 1/1 Rpt: 8/8	Manuf	Manufacturers PAC of Texas						00059363		
4	Date	<b>5</b> Payee	name								
	09/25/2024	Jared	Patterson Campai	gn							
6	Amount (\$)	7 Payee	address; City;	State	e; Zip Co	de					
	\$1,000.00	4412 9	Sapphire Dr.								
	Expenditure from corporate funds	Frisco	TX 75034								
8	PURPOSE	(a) Catego	ry (See Categories listed	at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE		outions/Donations date/Officeholder/F		mittee		Check if Austin	ı, TX	officeholder living	plete Schedule T. g expense	
							Campaign Co	OHL	ibulion		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		te/Officeholder name	2	Office sou	ght			Office h	eld	
	Date	Payee	name								
	09/17/2024	Phil Ki	ng Campaign								
	Amount (\$)	l ´	address; City;	State	e; Zip Co	de					
	\$2,000.00	P.O. B	ox 1913								
	Expenditure from corporate funds	Weath	erford, TX 76086-	9928							
	PURPOSE OF		ry (See Categories listed		chedule)	(b)	Description				
	EXPENDITURE		outions/Donations date/Officeholder/F		mittee		브		de of Texas. Com officeholder living	plete Schedule T. g expense	
		Carian	date/Officeriolaci/i	ontical Comi	Tillitoc		Campaign Co				
	Complete ONLY if direct expenditure to benefit C/O		te/Officeholder name	)	Office sou	ght			Office h	eld	
	Date	Payee	name								
	08/29/2024	Texan	s for Charles Sch	vertner							
	Amount (\$)	Payee	address; City;	State	e; Zip Co	de					
	\$1,200.00	P.O. B	ox 2448								
	Expenditure from corporate funds	Georg	etown, TX 78627-	2448							
	PURPOSE	(a) Catego	ry (See Categories listed	I at the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE	Contril	outions/Donations	Made By			Check if travel			plete Schedule T.	
	LA LABITORE	Candid	date/Officeholder/F	Political Comr	mittee		Campaign Co		officeholder living	g expense	
							Campaign Ct	UIIL	IDUUOII		
	Complete ONLY if direct		te/Officeholder name	<b>)</b>	Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	٦									