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) 00070864 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Oil and Gas Association Good Government Committee Date Received **ELECTRONICALLY FILED** 10/28/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 304 W. 13th St. Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78701 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Todd NAME NICKNAME LAST **SUFFIX** Staples STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 304 W. 13th St. STREET **ADDRESS** (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 304 W. 13th St. MAILING **ADDRESS** Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 478-6631 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 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)
Texas Oil and Gas Association Good Government Committee			00070864	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Angelia Orr Sta	ate Represen	tative
(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 N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	47,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		
	4. TOTAL POLITICA	L EXPENDITURES	\$	57,668.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	538,313.26
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Todo	d Staples	
		Signature of Car	npaign Treasu	rer
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, th	nis the	day
of	, 20, to certify	which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of offic	eer administering oath

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COMMITTEE NAME Texas Oil and Gas Asso				13 Filer ID (Ethics Commission Filers)
Texas Oil and Gas Asso				(======================================
	ciation Good Gover	nment Commi	ttee	00070864
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Salman Bhojani	State Representative
(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		A Supported	Mr. Pront Haganbuch, Ctata Da	procentativo
ACTIVITY	(Identify by name or, if applicable, classify by party.)	A. Supported	Mr. Brent Hagenbuch State Rep	presentative
(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		The Honorable Caroline Harris I	Davila State Representative
(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 Attach lists on plain paper to complete this peport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.) 3. Officeholders (Identify by name or, if applicable, classify by party.)	Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 4. Supported (Identify by name or, if applicable, classify by party.) 5. Describe by date and location of election and nature of issue.) 6. Opposed 7. Candidates (Identify by name or, if applicable, classify by party.) 8. Opposed 8. Opposed 9. Opposed 1. Candidates (Identify by name or, if applicable, classify by party.) 9. Measures (Describe by date and location of election and nature of issue.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.)	Attach lists on plain baper to complete this eport if necessary.) 2. Measures (Describe by date and bacterion of election and nature of issue.) 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) 2. Measures (Describe by date and bacterion of election and nature of issue.) 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and bacterion and nature of issue.) 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) B. Opposed 3. Officeholders Assisted (Gently by pameror, if applicable, classify by party.) COMMITTEE (Gently by pameror, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and bacterion and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and bacterion and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and bacterion and nature of issue.) B. Opposed 3. Officeholders Assisted (Describe by date and bacterion and nature of issue.) B. Opposed

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID (Ethio	cs Commission Filers)
	Texas Oil and Gas Asso	ociation Good Gover	nment Commi	ittee	00070864	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable David Cook Sta	te Representative	
	(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	1. Candidates	A. Supported	The Honorable Eddie Morales	State Representative	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)			,	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and 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	The Honorable Ryan Guillen St	ate Representative	
	(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.)				
			1			

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			40 ET 10 (Ett.)
			13 Filer ID (Ethics Commission Filers)
ation Good Gover	nment Commi	ttee	00070864
. Candidates dentify by name or, if oplicable, classify by party.)		The Honorable Janie Lopez Stat	te Representative
	B. Opposed		
. Measures Describe by date and cation of election and atture of issue.)	A. Supported		
	B. Opposed		
. Officeholders Assisted dentify by name or, if oplicable, classify by party.)			
. Candidates dentify by name or, if oplicable, classify by party.)		The Honorable Jared Patterson	State Representative
	B. Opposed		
. Measures Describe by date and cation of election and ature of issue.)	A. Supported		
	B. Opposed		
. Officeholders Assisted dentify by name or, if oplicable, classify by party.)			
. Candidates dentify by name or, if oplicable, classify by party.)		The Honorable Josey Garcia Sta	ate Representative
	B. Opposed		
. Measures Describe by date and cation of election and ature of issue.)	A. Supported		
	B. Opposed		
. Officeholders Assisted dentify by name or, if oplicable, classify by party.)			
Descati cati	oribe by date and on of election and e of issue.) Officeholders Assisted tify by name or, if	bribe by date and on of election and e of issue.) B. Opposed Officeholders Assisted tify by name or, if	B. Opposed Officeholders Assisted tify by name or, if

FORM GPAC ADDENDUM

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12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
		naintian Cond Cover	mmant Camani	****		(Luncs Commission Filers)
Texas Oil and Gas Association Good Gover					00070864	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Lacey Hull Stat	te 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.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Ms. Denise Villalobos State Re	epresentative	
	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.)		The Honorable Pat Curry State	e Representative	
	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.)				

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COMMITTEE NAME Texas Oil and Gas Asso				13 Filer ID (Ethics Commission Filers)
exas Oil and Gas Asso				• · · · · · · · · · · · · · · · · · · ·
	clation Good Gover	nment Commi	ittee	00070864
COMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Phil King State	Senator
Attach lists on plain aper to complete this eport if necessary.)		B. Opposed		
	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.)			
OMMITTEE		A Sunnorted	The Honorable Damon Domoro	State Penresentative
CTIVITY	(Identify by name or, if		The honorable Ramon Romero	State Representative
Attach lists on plain aper to complete this eport 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	Candidates (Identify by name or, if		The Honorable Terry Canales S	State Representative
Attach lists on plain aper to complete this eport 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 CTIVITY Attach lists on plain apper to complete this eport if necessary.) COMMITTEE CTIVITY Attach lists on plain apper to complete this eport if necessary.)	Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and location of election and nature of issue.) 3. Officeholders (Describe by date and location of election and location election and location election and location election and location ele	Attach lists on plain aper to complete this sport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain aper to complete this eport if necessary.) 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) 3. Officeholders Assisted A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted Identify by name or, if applicable, classify by party.) DOMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE CTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed A. Supported Committee Complete this applicable of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders A. Supported Describe by date and location of election and nature of issue.) B. Opposed	Attach lists on plain apper to complete this eport if necessary.) 2. Measures (Describle by date and location of election and nature of Issue.) 3. Officeholders Assisted (Identity by name or, if applicable, classify by pary.) Attach lists on plain apper to complete this eport if necessary.) Attach lists on plain apper to complete this eport if necessary.) OMMITTEE CTIVITY 2. Measures (Identity by name or, if applicable, classify by pary.) Assisted (Identity by name or, if applicable, classify by pary.) DOMMITTEE CTIVITY 3. Officeholders (Identity by name or, if applicable, classify by pary.) DOMMITTEE CTIVITY 3. Officeholders (Identity by name or, if applicable, classify by pary.) DOMMITTEE CTIVITY 3. Officeholders (Identity by name or, if applicable, classify by pary.) DOMMITTEE CTIVITY 3. Officeholders (Identity by name or, if applicable, classify by pary.) DOMMITTEE CTIVITY 3. Officeholders (Identity by name or, if applicable, classify by pary.) B. Opposed The Honorable Terry Canales S (Identity by name or, if applicable, classify by pary.) B. Opposed 3. Officeholders (Identity by name or, if applicable, classify by pary.) B. Opposed 3. Officeholders (Identity by name or, if applicable, classify by pary.) B. Opposed The Honorable Terry Canales S (Identity by name or, if applicable, classify by pary.) B. Opposed

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12 COMMITTE	E NAME				13 Filer ID	(Ethics Commission Filers)
Texas Oil a	and Gas Asso	ociation Good Gover	nment Commi	ittee	00070864	
14 COMMITTEI ACTIVITY	 E	Candidates (Identify by name or, if applicable, classify by party.)		The Honorable Charles Schwer	tner State Sena	ator
(Attach lists paper to con report if nece	nplete this		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.)				
COMMITTE		1. Candidates	A. Supported	The Honorable Kelly Hancock	State Senator	
ACTIVITY		(Identify by name or, if applicable, classify by party.)		, , , , , , , , , , , , , , , , , , , ,		
(Attach lists paper to con report if nece	nplete this		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.)				
COMMITTEI ACTIVITY	Ξ.	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	The Honorable Matt Shaheen	State Represent	ative
(Attach lists paper to con report if nece	nplete this		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
			<u> </u>			

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 9 of 21

18 Filer ID 00070864	(Ethics Commission File	ers)				
00070864						
NAME OF SCHEDULE						
	\$ 46,	,600.00				
	\$	0.00				
	\$	0.00				
PR	\$					
ATION OR	\$					
ANIZATION	\$ 1,	,100.00				
	\$					
ORGANIZATION	\$					
	\$	0.00				
5	\$ 57	,668.53				
	\$	0.00				
12. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS						
13. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
14. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS						
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						
	ATION OR ANIZATION DRGANIZATION S DNS	\$ \$ \$ \$ ATION OR \$ ANIZATION \$ 1, \$ DRGANIZATION \$ \$ \$ \$ DRGANIZATION \$ \$ \$ \$ \$ \$ DNS \$				

	MONET	ARY POLITICAL CONTRIBUTI	ON	NS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 1/2 Rpt: 10/21
2	FILER NAME Texas Oil an	d Gas Association Good Government Committee			3	Filer ID (Ethics Commission Filers) 00070864
4	Date 10/01/2024	 5 Full name of contributor out-of-state PAC (ID: Buckley, J. 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$) \$5,000.00
		Tyler, TX 75711-7698				
8	Principal occu CFO	pation / Job title (See Instructions)	9	Employer (See Instructions Mewbourne Oil and Gas		
	Date 10/14/2024	Full name of contributor out-of-state PAC (ID# Hildebrand, Jeffery Contributor address; City; State; Zip Code	#:)	•	Amount of Contribution (\$) \$25,000.00
	Principal occu	Houston, TX 77251-1308 pation / Job title (See Instructions)	_	Employer (See Instructions	<u> </u>	
	Chairman ar			Hilcorp Energy Compar		
	Date 10/15/2024	Full name of contributor	OLI	TICAL ACTION		Amount of Contribution (\$) \$10,000.00
	Principal occu	Houston, TX 77024-2217 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> S)	
	Date 10/07/2024	Full name of contributor out-of-state PAC (ID# Pugh, William Contributor address; City; State; Zip Code Kingsville, TX 78363-7439)	•	Amount of Contribution (\$) \$250.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Di-Trol Systems, Inc.	5)	
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID# Serjco, LLC Contributor address; City; State; Zip Code Pyote, TX 79777-0434			•	Amount of Contribution (\$) \$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			1			

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/2 Rpt: 11/21	
2	FILER NAME Texas Oil and Gas Association Good Government Committee				Filer ID (Ethics Commissi 00070864	on Filers)
4	Date 10/01/2024	5 Full name of contributor out-of-state PAC (ID#: Stealth Oilwell Services, LLC 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$250.00
8	Principal occu	Odessa, TX 79769-0063 pation / Job title (See Instructions)	9 Employer (See Instructions	 - s)		
	Date 10/23/2024	Full name of contributor out-of-state PAC (ID#:_ Targa Resources Corp. Texas PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00
	Principal occu	Houston, TX 77002-5036 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 10/01/2024	Full name of contributor out-of-state PAC (ID#:_ Welhausen Operating Company, LP Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Cuero, TX 77954-0600 pation / Job title (See Instructions)	Employer (See Instructions	 - s)		

PLEDGED CONTRIBUTIONS			SCHEDULE	В
The Instruction Guide explains how to complete this form.	1	Total pages Scheo Sch: 1/1 Rpt: 12		
2 FILER NAME Texas Oil and Gas Association Good Government Committee	3		ics Commission Filers)	
TOTAL OF UNITEMIZED PLEDGES		\$		0.00
5 Date 6 Full name of pledgor out-of-state PAC (ID#:)	8	Amount of pledge (\$)	In-kind description (If applicable)	
7 Pledgor Address; City; State; Zip Code		Check if travel outs	I I I I Iside of Texas. Complete Sche	edule T.
10 Principal occupation / Job title (See Instructions) 11 Employer (See Instru	uctio		<u> </u>	

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

	The Instruc	ction Guide explains how to complete this form.	1 Total pages Schedule C3: Sch: 1/1 Rpt: 13/21		
2	FILER NAME Texas Oil and Gas Association Good Government Committee			Filer ID 00070864	(Ethics Commission Filers)
4	Date 10/03/2024	5 Corporation / Labor Organization name Conerstone Synergy, LLC	6	Amount (\$)	100.00
	Date 10/18/2024	Corporation / Labor Organization name JM Bautista Contractors, LLC		Amount (\$)	500.00
	Date 10/11/2024	Corporation / Labor Organization name Red Energy Services LP		Amount (\$)	500.00

	LOANS						SCHE	DULE E
	The Instructio	The Instruction Guide explains how to complete this form			ges Schedule E: 1 Rpt: 14/21			
2	FILER NAME Texas Oil and G	as Association Good Government Committe	ee		3 Filer ID (Ethics Commission Filers) 00070864			
4	TOTAL OF UN	TOTAL OF UNITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender out-of-sta	ite PA	C (ID#:)	9 Loan Amount	(\$)
6	Is lender a financial institution?	8 Lender address; City; Sta	te;	Zip Code			10 Interest Rate	
							11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instruct	ions)			
14	Description of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)				
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Guar	anteed (\$)
	not applicable	18 Guarantor address; City; Sta	.te;	Zip Code				
20 Principal occupation			21 Employer (See Instruct	ions)				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 1/7 Rpt: 15/21	Texas Oil and Gas Association Good Government 00070864		
4 Date	5 Payee name		
10/21/2024	Angelia Orr Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,000.00	P.O. Box 113		
Expenditure from corporate funds	Itasca, TX 76055-0113		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
LAFENDITORE	Candidate/Officeholder/Political Committee		
	PAC Contribution		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/11/2024	Bhojani for Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,500.00	6301 Campus Circle Drive East, Suite 100		
Ψ1,500.00	0301 Campus Circle Drive Last, Suite 100		
Expenditure from corporate funds	Irving, TX 75063-2705		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Campaign Contribution		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
10/11/2024	Brent Hagenbuch Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$1,000.00	2800 Shoreline Drive #310		
\$1,000.00	2000 Shoreline Drive #310		
Expenditure from corporate funds	Denton, TX 76210-4410		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
EXI ENDITORE	Candidate/Officeholder/Political Committee		
	Campaign Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:				
Sch: 2/7 Rpt: 16/21	Texas Oil and Gas Association Good Government 00070864			
4 Date	5 Payee name			
10/18/2024	Caroline Harris Davila for State Representative			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	P.O. Box 700			
Expenditure from corporate funds	Round Rock, TX 78680-0700			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	-			
Date	Payee name			
10/16/2024	David Cook Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00	309 E. Broad St.			
Expenditure from corporate funds	Mansfield, TX 76063-1705			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
_/	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/18/2024	Eddie Morales Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00	352 Hillcrest Blvd.			
- Formani (Co. Co.				
Expenditure from corporate funds	Eagle Pass, TX 78852-4616			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
0 1: 0:::::::::::::::::::::::::::::::::				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
5.ps.na.a.s to 25.ls.n. 5/5/1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 3/7 Rpt: 17/21	Texas Oil and Gas Association Good Government 00070864			
4 Date	5 Payee name			
10/21/2024	Guillen Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$3,000.00	P.O. Box 1024			
, , , , , , , ,				
Expenditure from corporate funds	Austin, TX 78767-1024			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
	Candidate/Officeholder/Political Committee			
	Campaigh Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
Complete ONLY if direct expenditure to benefit C/O				
Date	Payee name			
09/30/2024	Janie Lopez Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00	P.O. Box 2073			
Expenditure from corporate funds	San Benito, TX 78586-0042			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Candidate/Officeholder/Political Committee			
	Campaigh Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/O				
Date	Payee name			
10/02/2024	Jared Patterson Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$3,000.00	P.O. Box 5419			
Expenditure from corporate funds	Frisco, TX 75035-2013			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule F1:			
Sch: 4/7 Rpt: 18/21	Texas Oil and Gas Association Good Government 00070864		
4 Date	5 Payee name		
10/11/2024	Josey Garcia for Texas House District 124		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$1,000.00	702 Richland Hills Drive		
42,000.00	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Expenditure from	Con Antonio TV 70045 2445		
corporate funds	San Antonio, TX 78245-2145		
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 Candidate/Officeholder (Political Committee) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Campaign Continuation		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	•		
·			
Date	Payee name		
10/15/2024	Lacey Hull for Texas		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00	P.O. Box 19231		
Expenditure from corporate funds	Houston, TX 77224-9231		
PURPOSE	To a second seco		
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By		
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder (Political Committee) Check if Austin, TX, officeholder living expense		
	Campaign Contribution		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	•		
Data			
Date	Payee name		
10/15/2024	Neumann and Company		
Amount (\$)	Payee address; City; State; Zip Code		
\$961.29	5417 Pine St		
Evnanditura fram			
Expenditure from corporate funds	Bellaire, TX 77401-4706		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Candidate/Officeholder/Political Committee		
	In Kind, Denise Villalobos Campaign - HD 34 - Mail		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OH			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Political Committee Cedit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 5/7 Rpt: 19/21	Texas Oil and Gas Association Good Government 00070864			
4 Date	5 Payee name			
10/08/2024	Pat Curry Campaign			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$2,000.00	204 Woodhew Drive			
Expenditure from corporate funds	Waco, TX 76712-6529			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By			
	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/21/2024	Phil King Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$7,500.00	P.O. Box 1913			
41,000.00	1.0. 50% 1010			
Expenditure from corporate funds	Weatherford, TX 76086-7913			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITORE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
Date	Payee name			
10/11/2024	Ramon Romero Campaign			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00	P.O. Box 181			
Expenditure from				
corporate funds	Fort Worth, TX 76101-0181			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Candidate/Officeholder/Political Committee			
	Campaign Contribution			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OH				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 6/7 Rpt: 20/21	Texas Oil and Gas Association Good Government 00070864				
4 Date	5 Payee name				
10/22/2024	Ramon Romero Campaign				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$1,250.00	P.O. Box 181				
Expenditure from corporate funds	Fort Worth, TX 76101-0181				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By				
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense				
	Campaign Contribution				
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
10/11/2024	TEXANS FOR KELLY HANCOCK				
Amount (\$)	Payee address; City; State; Zip Code				
\$5,000.00	P.O. BOX 821349				
Φ5,000.00	P.O. BOX 021349				
Expenditure from corporate funds	North Richland Hills, TX 76182-1349				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
_/	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name				
10/09/2024	Terry Canales Campaign				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,000.00	2727 W. University				
40,000.00					
Expenditure from corporate funds	Edinburg, TX 78539-7889				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Contributions/Donations Made By				
_/	Candidate/Officeholder/Political Committee				
	Campaign Contribution				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
experialitie to beliefft C/Of					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 7/7 Rpt: 21/21	Texas Oil and Gas Association Good Governme	ent 00070864	
4 Date	5 Payee name	<u>'</u>	
10/08/2024	Texans for Charles Schwertner		
6 Amount (\$)	7 Payee address; City; State; Zip Cod	e	
\$10,000.00	PO Box 2448		
Expenditure from corporate funds	Georgetown, TX 78627-2448		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Contribution	
		Campaign Contribution	
9 Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/OI		onice neid	
Date	Payee name		
10/15/2024	The Bar-B-Q Man Restaurant		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$457.24	4931 IH-37 South	•	
Ψ1011 <u>2</u> 1	1002 117 07 00001		
Expenditure from corporate funds	Corpus Christi, TX 78408-2612		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense In Kind, Denise Villalobos Campaign, HD 34	
		in Kind, Denise Villalobos Campaigh, FID 34	
Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/OI	•	office field	
Date	Payee name		
10/11/2024	The Matt Shaheen Campaign		
Amount (\$)	Payee address; City; State; Zip Cod	e	
\$2,000.00	3917 Malton Drive		
Expenditure from corporate funds	Plano, TX 75025-3829		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) Description	
OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense Campaign Contribution	
		Campaign Continuation	
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office soug	ht Office held	
expenditure to benefit C/OH			