FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00016114 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Food & Fuel Assn. - PAC Date Received **ELECTRONICALLY FILED** 11/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS** 401 W. 15th St. #510 Suite 510 Change of Address Austin, TX 78701-1671 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Paul J. NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Hardin CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 401 W. 15th St. #510 STREET **ADDRESS** (Residence or Business) Austin, TX 78701-1671 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 401 W. 15th St. #510 MAILING **ADDRESS** Change of Address Austin, TX 78701-1671 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (512) 476-9547 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

| 2 COMMITTEE NAME | Acces DAC | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|--|----------------------------------|--|
| Texas Food & Fuel A | ASSII PAC | | 00016114 | |
| 4 COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | | |
| | applicable, classify by party.) | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | | | |
| | Measures (Describe by date and location | A. Supported | | |
| | of election and nature of issue.) | | | |
| | | B. Opposed | | |
| | | | | |
| | 3. Officeholders | Rep. Trent Ashby State Repres | sentative | |
| | Assisted (Identify by name or, if | Tropins and Tropins | 30 | |
| | applicable, classify by party.) | | | _ |
| .5 CONTRIBUTION TOTALS | | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR | | |
| 1017/20 | CONTRIBUTIONS N | MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICA | qualifies for the higher itemization threshold L CONTRIBUTIONS | | |
| | (OTHER THAN PLE | DGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 4,164.33 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EXPENDITURES | \$ | 0.00 |
| TOTALS | | | | 0.00 |
| | 4. TOTAL POLITICA | AL EXPENDITURES | \$ | 9,000.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 188,739.00 |
| OUTSTANDING LOAN TOTALS | | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 6 AFFIDAVIT | I | | · | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inform under Title 15, Election Code. | jury, that the nation require | accompanying report is d to be reported by me |
| | | Mr. Paul | J. Hardin | |
| | | Signature of Can | | urer |
| AEEIV NOTA | RY STAMP / SEAL ABOVE | Ç | | |
| AFFIX NOTA | IRT STAMP / SEAL ABOVE | | | |
| | | , th | is 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 offi | cer administering oath |
| | | | | |

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

| | | | | | Page 3 of 14 |
|---|---|--------------------------|--------------------------------|--------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Texas Food & Fuel Assn | PAC | | | 00016114 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Sen. Carol Alvarado State Sena | tor | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Rep. Brooks Landgraf State Rep | oresentative | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | | |
| | | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Rep. Angelia Orr State Represe | ntative | |
| | | | | | |

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC **ADDENDUM**

| | | | | | Page 4 of 14 |
|---|---|--------------|-------------------------------|----------------|----------------------------|
| L2 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Texas Food & Fuel Assn | - PAC | | | 00016114 | |
| 14 COMMITTEE ACTIVITY (Attach lists on plain | Candidates (Identify by name or, if applicable, classify by party.) | | Ms. Helen Kerwin State Repres | entative | |
| paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures | A. Supported | | | |
| | (Describe by date and location of election and nature of issue.) | | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| COMMITTEE | Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | Rep. Armando Martinez State F | Representative | |
| COMMITTEE | 1. Candidates | A. Supported | | | |
| ACTIVITY | (Identify by name or, if applicable, classify by party.) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Officeholders Assisted (Identify by name or, if | | Rep. Oscar Longoria State Rep | resentative | |
| | applicable, classify by party.) | | | | |
| | | | | | |

MONTHLY FILING GPAC REPORT: PURPOSE

FORM MPAC ADDENDUM

| | | | | | Page 5 of 14 |
|---|--|---|---|--|---|
| | | | | | 1 age 3 01 14 |
| | | | | 13 Filer ID | (Ethics Commission Filers) |
| - PAC | | | | 00016114 | |
| Candidates (Identify by name or, if applicable, classify by party.) | | Ms. Joanne Shofner | State Repre | esentative | |
| | 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.) | | | | | |
| Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | | | | |
| | B. Opposed | | | | |
| 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | B. Opposed | | | | |
| 3. Officeholders Assisted | | Rep. Mike Schofield | State Repre | esentative | |
| 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.) 1. Candidates (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.) | 1. Candidates (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported B. Opposed B. Opposed 3. Officeholders Assisted A. Supported | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed A. Supported A. Supported B. Opposed A. Supported Rep. Mike Schofield 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed | 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed A. Supported B. Opposed A. Supported Companies of the | - PAC 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (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.) 1. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 4. Supported 5. Candidates (identify by name or, if applicable, classify by party.) B. Opposed 5. Opposed 6. Supported 6. Supported 7. Supported 8. Opposed 8. Opposed 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 9. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) 8. Opposed 1. Candidates (identify by name or, if applicable, classify by party.) |

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

| | | | | 6 of 14 |
|-----|---|--|-----------------------------|----------------------------|
| l | | EE NAME od & Fuel Assn PAC | 18 Filer ID 00016114 | (Ethics Commission Filers) |
| l | | E SUBTOTALS SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 4,164.33 |
| | | | | |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION |)R | \$ |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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 | \$ 9,000.00 |
| 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 I TO FILER | RETURNED | \$ |
| | | | | |
| | | | | |
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| The Instru | ation Cuido auminimo harreta acompleta this f | I | | |
|----------------------------|---|--|--|---------|
| | ction Guide explains how to complete this f | form. | 1 Total pages Schedule A1: Sch: 1/5 Rpt: 7/14 | |
| 2 FILER NAME Texas Food | & Fuel Assn PAC | | 3 Filer ID (Ethics Commission File 00016114 | ers) |
| 4 Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:_Baker, Daniel (Mr.) Contributor address; City; State; Zip Code | | 7 Amount of Contribution (\$) | \$88.00 |
| | San Angelo, TX 76903 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) | | |
| Treasurer/D | irector of Operations | Regal Oil, Inc. | | |
| Date 10/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Davis, Lance (Mr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$1 | 195.00 |
| | Bonham, TX 75418 | | | |
| | upation / Job title (See Instructions) | Employer (See Instructions) | | |
| Petroleum N | Marketer & Convenience Store Industry | ThinkAboutIt Advisory G | roup | |
| Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:_Escobar, Jessica (Ms.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$88.00 |
| | Austin, TX 78739 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) | | |
| | sel of Legal & Regulatory Compliance | Texas Food and Fuel As | | |
| Date 10/15/2024 | Contributor address; City; State; Zip Code | | Amount of Contribution (\$) | \$88.00 |
| | New Braunfels, TX 78130 | 1 - 1 /0 1 | | |
| Owner | upation / Job title (See Instructions) | Employer (See Instructions) Midtex Oil, LP | | |
| Date 10/17/2024 | Full name of contributor out-of-state PAC (ID#:_Fox, Ty (Mr.) Contributor address; City; State; Zip Code Houston, TX 77080 | | Amount of Contribution (\$) | 195.00 |
| Principal occi | Lupation / Job title (See Instructions) | Employer (See Instructions) | | |
| | Supplier Executive/Rep | Rice-Christ | | |

| MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A | | |
|--|--|--|--|-----------------------------|--|---------|--|
| The Instru | ction Guide explains how to complete this fo | orn | n. | 1 | Total pages Schedule A1: Sch: 2/5 Rpt: 8/14 | | |
| FILER NAME | & Fuel Assn PAC | | | 3 | Filer ID (Ethics Commission File 00016114 | ers) | |
| Date 10/15/2024 | 5 Full name of contributor out-of-state PAC (ID#: | |) | 7 | Amount of Contribution (\$) | 100.00 | |
| Principal occu | Plainview, TX 79073-0100 pation / Job title (See Instructions) | 9 | Employer (See Instructions Fred Garrison Oil Co. | j 5) | | | |
| Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:) Golman, Rick Contributor address; City; State; Zip Code Dallas, TX 75230 | | | Amount of Contribution (\$) | \$88.00 | | |
| Principal occupation / Job title (See Instructions) CEO | | Employer (See Instructions GPME at GPM Investm | | | s, LLC | | |
| Date 10/18/2024 | Full name of contributor out-of-state PAC (ID#:) Gore, Thomas (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) \$ | 195.00 | |
| Principal occupation / Job title (See Instructions) Sr. VP | | | Employer (See Instructions RM & Group Director | <u> </u> 5) | | | |
| Date Full name of contributor out-of-state PAC (ID#:_ 10/15/2024 Hardin, Paul (Mr.) Contributor address; City; State; Zip Code | | | | | Amount of Contribution (\$) | \$88.00 | |
| Principal occu President | Georgetown, TX 78626 spation / Job title (See Instructions) | | Employer (See Instructions Texas Food & Fuel Asso | | ation | | |
| Date Full name of contributor out-of-state PAC (ID#:) 10/15/2024 Kendrick, Daniel (Mr.) Contributor address; City; State; Zip Code Friona, TX 79035 | |) | | Amount of Contribution (\$) | 166.67 | | |
| Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Kendrick Oil Co. | 5) | | | |
| | <u>'</u> | | | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | |
|---|--|---|----------------------|--|-----------------------------|--|-----------|
| | The Instruc | ction Guide explains how to | o complete this forn | n. | 1 | Total pages Schedule A1: Sch: 3/5 Rpt: 9/14 | |
| 2 | FILER NAME Texas Food | IAME Food & Fuel Assn PAC | | | 3 | Filer ID (Ethics Commission 00016114 | n Filers) |
| 4 | Date 10/15/2024 | | | 7 | Amount of Contribution (\$) | \$500.00 | |
| _ | Deignaignal | Arlington, TX 76001 | lo. | Faralous (Coo Instructions | <u></u> | | |
| 8 | Principal occu President/CE | pation / Job title (See Instructions) | | Employer (See Instructions Paragon Solutions, Inc. | 5) | | |
| | Date 10/15/2024 | Full name of contributor Marisco, Jake (Mr.) Contributor address; City; State | | | | Amount of Contribution (\$) | \$88.00 |
| | Principal occu | Dickinson, TX 77539 pation / Job title (See Instructions) | | Employer (See Instructions | <u> </u> | | |
| | Petroleum M | | | Bay Oil Company | | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$478.00 |
| | | El Paso, TX 79115 | | | | | |
| | Principal occu Vice Preside | pation / Job title (See Instructions) nt | | Employer (See Instructions Mogas, Inc | s) | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | · | | | Amount of Contribution (\$) | \$84.00 |
| | Principal occu President - C | pation / Job title (See Instructions) Owner | | Employer (See Instructions Mogas, Inc | 5) | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu Owner | pation / Job title (See Instructions) | | Employer (See Instructions Maxey Energy Company | | | |
| | | | , | | | | |

| | MONETARY POLITICAL CONTRIBUTIONS | | | | | SCHEDULE A1 | | |
|---|--|--|----------|------------------------------------|-----------------------------|---|-----------|--|
| | The Instruc | ction Guide explains how to complete | this for | n. | 1 | Total pages Schedule A1: Sch: 4/5 Rpt: 10/14 | | |
| 2 | FILER NAME Texas Food | ER NAME ras Food & Fuel Assn PAC | | | 3 | Filer ID (Ethics Commissio 00016114 | n Filers) | |
| 4 | Date 10/15/2024 | | | 7 | Amount of Contribution (\$) | \$88.00 | | |
| 8 | Principal occu | Aledo, TX 76008 pation / Job title (See Instructions) | 9 | Employer (See Instructions |) () | | | |
| Ü | Sales Repre | | | Kendrick Oil Company | ') | | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PA Netherton, Bill (Mr.) Contributor address; City; State; Zip Code | |) | | Amount of Contribution (\$) | \$88.00 | |
| | | Austin, TX 78702 | | | | | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Petroleum S | ` | | Texas Enterprises | _ | | | |
| | Date 10/15/2024 | Full name of contributor out-of-state PAC (ID#:) Olmstead, Andrew (Mr.) Contributor address; City; State; Zip Code | | | | Amount of Contribution (\$) | \$250.00 | |
| | Principal occu | Sherman, TX 75091 pation / Job title (See Instructions) | | Employer (See Instructions | .) [| | | |
| | | arketing & convenience store industry | | Chapman, Inc. | ') | | | |
| | Date Full name of contributor out-of-state PAC (ID#: | | | | Amount of Contribution (\$) | \$195.00 | | |
| | ' | pation / Job title (See Instructions) larketer Executive | | Employer (See Instructions Unknown | <u> </u> | | | |
| | Date 09/26/2024 | Full name of contributor out-of-state PAC (ID#:) | | | Amount of Contribution (\$) | \$195.00 | | |
| | • | pation / Job title (See Instructions) | | Employer (See Instructions | 5) | | | |
| | Account Exe | ecutive | | Dupre Logistics | | | | |
| | | | | | | | | |

| MONE | TARY POLITICAL CONTRIBUTION | ONS | SCHEDULE A1 |
|------------------------------|---|--|---|
| The Instru | uction Guide explains how to complete this | form. | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 11/14 |
| 2 FILER NAME Texas Food | E d & Fuel Assn PAC | | 3 Filer ID (Ethics Commission Filers) 00016114 |
| 4 Date 10/15/2024 | | | 7 Amount of Contribution (\$) \$41.66 |
| · · | San Antonio, TX 78258 supation / Job title (See Instructions) | 9 Employer (See Instructions | |
| Chief Opera | ations Officer | Arguindegui Oil Compa | nies |
| Date 10/15/2024 | Full name of contributor out-of-state PAC (ID# Tesch, Terry (Mr.) Contributor address; City; State; Zip Code | | Amount of Contribution (\$) \$515.00 |
| | Lake Jackson, TX 77566 | 1 | |
| Principal occ Vice Presid | cupation / Job title (See Instructions) | Employer (See Instructions | |
| Date | Full name of contributor out-of-state PAC (ID# | R.B. Stewart Petroleum | Amount of Contribution (\$) |
| 10/15/2024 | Contributor address; City; State; Zip Code | | \$100.00 |
| | Sherman, TX 75092 | 1 - 1 /2 | |
| Principal occ Operations | cupation / Job title (See Instructions) Manager | Employer (See Instructions Douglass Distributing C | |
| | | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTUED (externel performant listed above)

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/3 Rpt: 12/14 | Texas Food & Fuel Assn PAC 00016114 |
| 4 Date | 5 Payee name |
| 09/30/2024 | Angelia Orr for Texas House |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500.00 | PO Box 113 |
| | |
| Expenditure from corporate funds | Itasca, TX 76055 |
| 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 Austin, TX, officeholder living expense |
| | Contribution to Officeholders Re-Election Campaign. |
| | |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Data | |
| Date 10/14/2024 | Payee name |
| | Armando Martinez Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | 914 W. Pike Blvd. |
| Expenditure from corporate funds | Weslaco, TX 78596 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Contribution to Officerioliders Re-Election Campaign. |
| Complete <u>ONLY</u> if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| Date | Payee name |
| 09/30/2024 | Brooks Landgraf Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | PO Box 13146 |
| . , | |
| Expenditure from corporate funds | Odessa, TX 79768 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Contribution to Officeholders Re-Election Campaign. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | |
| | |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | |
|---|---|----|
| | The Instruction Guide explains how to complete this form. | |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | |
| Sch: 2/3 Rpt: 13/14 | Texas Food & Fuel Assn PAC 00016114 | |
| 4 Date | 5 Payee name | |
| 09/30/2024 | Carol Alvarado Campaign | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | |
| \$2,000.00 | P.O. Box 230842 | |
| | | |
| Expenditure from corporate funds | Houston, TX 77223 | |
| 8 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 | |
| | Contribution to Officeholders Re-Election Campaig | n. |
| | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | |
| expenditure to benefit C/OI | H | |
| Date | Payee name | |
| 10/01/2024 | Helen Kerwin Campaign | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$500.00 | 420 Grand Avenue | |
| φοσοίσο | 120 Statio / Worldo | |
| Expenditure from | | |
| corporate funds | Glen Rose, TX 76043 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | |
| | Candidate/Officeholder/Political Committee | |
| | Contribution to Candidate's Election Campaign. | |
| | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experialitate to beliefit 6/01 | | |
| Date | Payee name | |
| 10/14/2024 | Joanne For Texans | |
| Amount (\$) | Payee address; City; State; Zip Code | |
| \$500.00 | 638 A.N. University Drive | |
| · | Suite 177 | |
| Expenditure from | | |
| corporate funds | Nacogdoches, TX 75961 | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | |
| OF EXPENDITURE | Contributions/Donations Made By | |
| | Candidate/Officeholder/Political Committee | |
| | Contribution to Candidate's Election Campaign. | |
| | | _ |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | |
| experiolitile to beliefft C/OI | ··· | |
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| | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|---|
| 1 Total pages Schedule F1: | |
| Sch: 3/3 Rpt: 14/14 | Texas Food & Fuel Assn PAC 00016114 |
| 4 Date | 5 Payee name |
| 10/14/2024 | Mike Schofield Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$500.00 | PO Box 41964 |
| | |
| Expenditure from corporate funds | Houston, TX 77241 |
| 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. |
| EXPENDITORE | Candidate/Officeholder/Political Committee |
| | Contribution to Officeholders Re-Election Campaign. |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/Oi | |
| Date | Payee name |
| 10/14/2024 | Oscar Longoria Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | PO Box 4224 |
| | |
| Expenditure from corporate funds | Mission, TX 78572 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Contribution to Officerioliders Ne-Election Campaign. |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | · · |
| Date | Payee name |
| 09/26/2024 | Texans for Trent Ashby |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 412 |
| Ψ1,000.00 | 1.0. BOX 412 |
| Expenditure from corporate funds | Lufkin, TX 75902 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| LAI LINDITURE | Candidate/Officeholder/Political Committee |
| | Contribution to Officeholders Re-Election Campaign. |
| Complete ONII V & direct | Condidate/Officeholder name |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| , | |
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| | |