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) 17 00086838 3 COMMITTEE NAME **OFFICE USE ONLY** Cattle Raisers State PAC Date Received **ELECTRONICALLY FILED** 11/06/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 101988 Change of Address Fort Worth, TX 76185 Date Hand-delivered or Date Postmarked MS / MRS / MR **CAMPAIGN FIRST** MI **TREASURER** Receipt # Amount Mr. Jason NAME Date Processed **NICKNAME SUFFIX** LAST Skaggs Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE TREASURER PO Box 101988 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76185 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2813 S. Hulen, Suite 275 MAILING **ADDRESS** Change of Address Fort Worth, TX 76109 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-7064 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 December 5 September 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

12 COMMITTEE NAME	13 File	er ID (Ethics Commission Filers)
Cattle Raisers Stat	e PAC 000	086838
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.) A. Supported Alan Schoolcraft State Representation A. Supported Alan Schoolcraft State Represen	ve
(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	
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
15 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,024.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 380,050.58
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
16 AFFIDAVIT	· · · · · · · · · · · · · · · · · · ·	•
	I swear, or affirm, under penalty of perjury, t true and correct and includes all information under Title 15, Election Code.	hat the accompanying report is required to be reported by me
	Mr. Jason Ska	aggs
	Signature of Campaign	n Treasurer
AFFIX NOT	TARY STAMP / SEAL ABOVE	
Sworn to and subsc	ribed before me, by the said, this the	day
of	, 20, to certify which, witness my hand and seal of office.	
Signature of offic	er administering oath Printed name of officer administering oath Tit	le of officer administering oath

						Page 3 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Cesar Blanco	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.)		Morgan Lama	ntia State Senato	r	
(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.)		David Lowe S	State Representati	ve	
(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.)					
-	applicable, classify by party.)					

						Page 4 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Wes Virdell State	e Representativ	e	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	<u> </u>	<u> </u>	Destin Burrouse	Ci-t- Danzagant	- d	
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Dustin Burrows S	State Represent	ative	
(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		Caroline Fairly S	State Renresenta	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Carolline Family S	late Nepresent	allve	
(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				
	, india 5	B. Opposed				
	3. Officeholders Assisted					
	(Identify by name or, if applicable, classify by party.)	1				

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2 COMMITTEE NAME						1	13 Filer ID	(Ethics C	ommission Filers)
Cattle Raisers State PAC							00086838		
4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		upported	Shelby Slaws	on State Rep	presenta	ative		
(Attach lists on plain paper to complete this report if necessary.)		B. Op	pposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported						
		B. Op	pposed						
	Officeholders Assisted (Identify by name or, if applicable classify by party.)								
COMMUTTEE	applicable, classify by party.)		· · · · · · · · · · · · · · · ·	11 Consulta	21.1. 0				
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ирропеа	Kevin Sparks	State Senat	;or			
(Attach lists on plain paper to complete this report if necessary.)		B. Op	pposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported						
		B. Op	pposed						
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
COMMITTEE	Candidates		unnorted	Carl Tepper	State Renres	entative			
ACTIVITY	(Identify by name or, if applicable, classify by party.)		прропец	Call Tepper	state Repres	entanve			
(Attach lists on plain paper to complete this report if necessary.)		B. O	pposed						
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sı	upported						
	illudic of leads,	B. Op	pposed						
	3. Officeholders Assisted (Identify by name or, if								
	applicable, classify by party.))							

12 COMMITTEE NAME					
				13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC				00086838	
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Jane Bland Supreme Cou	urt Justice	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and	A. Supported			
	nature of issue.)	B. Opposed			
		-			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Candidates		Caralina Harria Davila Cta	Danzagantativa	
ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Caroline Harris Davila Sta	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	l		
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Lacey Hull State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
(2. Measures (Describe by date and location of election and location of sissue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if				
è	applicable, classify by party.)				

						Page 7 of 17
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Mark Dorazio	State Representa	ative	
paper to complete this report if necessary.)						
	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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Marc Lahood	State Representa	ative	
(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.)		Morgan Meye	r State Represen	tative	
(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.)					
		'				

							Page 8 of 17
2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC						00086838	
L4 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supported	Keresa Richardson S	State Repre	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
	Hadris S. 122. 1	B. C	Opposed				
	3. Officeholders Assisted (Identify by name or, if						
	applicable, classify by party.)	+	d	-:		-	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Supporteu	Matt Shaheen State	Representa	ıtive	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
		B. C	Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
COMMITTEE	Candidates		Sunnorted	Angie Chen Button S	tete Renre	centative	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		ирропос	Allyle Chen bullon 5	idie Nepre	Semanve	
(Attach lists on plain paper to complete this report if necessary.)		B. C	Opposed				
	Measures (Describe by date and location of election and nature of issue.)	A. S	Supported				
	induce of issue,	B. C	Opposed				
	3. Officeholders Assisted						
	(Identify by name or, if applicable, classify by party.))					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				9	of 17
17 COMN Cattle		E NAME sers State PAC	18 Filer ID 00086838	(Ethics Commission Fi	lers)
		SUBTOTALS SCHEDULE		SUBTOTAL AMO	UNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	2,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	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.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 51	L,024.45
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	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

SCHEDULE A1
Total pages Schedule A1: Sch: 1/1 Rpt: 10/17
Filer ID (Ethics Commission Filers) 00086838
Amount of Contribution (\$) \$2,000.00

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

Candidate/Officeholder/Politica	
Credit 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: 1/7 Rpt: 11/17	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
10/25/2024	Alan Schoolcraft Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$3,000.00	
Expenditure from corporate funds	McQueeney, TX 78123
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 Check if Austin, TX, officeholder living expense
	Support for Texas House
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/OI	'
Date	Payee name
10/25/2024	Angie Chen Button Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	Richardson, TX 75083
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
	Support for Texas House
2 1 2 2 1 1 2 1 1	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
<u> </u>	
Date	Payee name
10/25/2024	Carl Tepper Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from	
corporate funds	Lubbock, TX 79493
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
	Support for Texas Flouse
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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

Eveni Expense Loan Repaymenting
Fees Office Overhead/iR
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Ct

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)

Candidate/Officeholder/Politica		
Credit 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: 2/7 Rpt: 12/17	Cattle Raisers State PAC 00086838	
4 Date	5 Payee name	
10/25/2024	Caroline Fairly Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$2,000.00		
Expenditure from corporate funds	Amarillo, TX 79102	
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	
	Support for Texas House	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialiture to beliefit C/OI	'	
Date	Payee name	
10/25/2024	Caroline Harris Davila Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00		
Expenditure from corporate funds	Round Rock, TX 78690	
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	
	Support for Texas House	
2 1 2 2 1 1 2 1 1		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
		_
Date	Payee name	
10/04/2024	Cesar Blanco for Texas Senate	
Amount (\$)	Payee address; City; State; Zip Code	
\$5,000.00		
Expenditure from		
corporate funds	El Paso, TX 79946	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Contributions/Donations Made By	
	Candidate/Officeholder/Political Committee	
	συμμοτετοί τ ελάδ σετίατε	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
		_

SCHEDULE F1

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

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

Candidate/Officeholder/Politica Credit Card Payment		
Credit 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: 3/7 Rpt: 13/17	Cattle Raisers State PAC 00086838	
4 Date	5 Payee name	
10/25/2024	David Lowe Campaign	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$2,000.00		
Expenditure from corporate funds	North Richland Hills, TX 76182	
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	
	Support for Texas House	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	1	
Date	Payee name	
10/25/2024	Dustin Burrows Campaign	
Amount (\$)	Payee address; City; State; Zip Code	
\$2,000.00		
Expenditure from corporate funds	Lubbock, TX 79493	
PURPOSE		_
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Candidate/Officeholder/Political Committee	
	Support for Texas House	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare to benefit C/Oi	<u> </u>	
Date	Payee name	
10/08/2024	FedEx	
Amount (\$)	Payee address; City; State; Zip Code	Т
\$24.45		
Expenditure from corporate funds	Dallas, TX 75266	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Office Overhead/Rental Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	Shipping fee	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experialture to beliefft C/OI	·	

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula 51:	
1 Total pages Schedule F1:	
Sch: 4/7 Rpt: 14/17	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
10/24/2024	Justice Jane Bland Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,000.00	
Expenditure from	Austin, TX 78701
corporate funds	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Candidate/Officerioider/Political Committee Support for Texas Supreme Court
	Support to 1 State Support State
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/25/2024	Keresa Richardson Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	Davida dama
Date	Payee name Kovin Sporks Compaign
10/25/2024	Kevin Sparks Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	
Funanditure from	
Expenditure from corporate funds	Midland, TX 79705
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
	Support for Texas Senate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

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: 5/7 Rpt: 15/17	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
10/25/2024	Lacey Hull Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	Houston, TX 77224
8 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
	Support for Texas House
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
10/25/2024	Marc Lahood Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	San Antonio, TX 78212
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAFLINDITORL	Candidate/Officeholder/Political Committee
	Support for Texas House
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/25/2024	Mark Dorazio Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	. ay 55 aug. 555, Oity, State, Elp 5500
Ψ2,000.00	
Expenditure from corporate funds	San Antonio, TX 78246
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
	Support for Texas House
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula E4:	
1 Total pages Schedule F1:	
Sch: 6/7 Rpt: 16/17	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
10/25/2024	Matt Shaheen Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	Plano, TX 75025
8 PURPOSE	
8 PURPUSE 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Support for Texas House
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Data	Davisa nama
Date	Payee name Margan Lamantia Campaign
10/24/2024	Morgan Lamantia Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	
Expenditure from	
corporate funds	Brownsville, TX 78520
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EVDENDITUDE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Support for Texas Senate
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	·
Date	Payee name
10/25/2024	Morgan Meyer Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	. 1,712 11111 1000, 010,7
Ψ2,000.00	
Expenditure from	D-II TV 75010
corporate funds	Dallas, TX 75219
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Supportion Texas House
Commission CAULY Station	Condidate/Officeholder name Office south
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
21.12.21.21.23.23.20.20.10.11.20.20.1	
Farmer and date the Free F	this Commission

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
OTHER (order a category pot listed above)

Candidate/Officeholder/Politica Credit 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)	\dashv
Sch: 7/7 Rpt: 17/17	Cattle Raisers State PAC 00086838	
4 Date	5 Payee name	
10/21/2024	Shelby Slawson Campaign	
\$2,000.00	7 Payee address; City; State; Zip Code	
Expenditure from corporate funds	Stephenville, TX 76401	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Support for Texas House	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	
Date	Payee name	
10/16/2024	Wes Virdell Campaign	
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code	
Expenditure from corporate funds	Brady, TX 76825	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Support for Texas House	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held H	