

**MONTHLY FILING GENERAL-PURPOSE
COMMITTEE CAMPAIGN FINANCE REPORT**

**FORM MPAC
COVER SHEET PG 1**

The MPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00067430	2 Total pages filed: 8	
3 COMMITTEE NAME McLane Company, Inc. PAC			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 12/02/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP P.O. Box 6115 Temple, TX 76503		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
	Mr.	Lawrence M.		Amount
	NICKNAME	LAST	SUFFIX	Date Processed
		Parsons		Date Imaged
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4747 McLane Parkway Temple, TX 76504			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6115 Temple, TX 76503			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(254)	771-7500		
9 REPORT TYPE	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Dissolution (Attach PAC-DR)			
10 MONTHLY REPORT FILING DEADLINE	<input type="checkbox"/> January 5 <input type="checkbox"/> April 5 <input type="checkbox"/> July 5 <input type="checkbox"/> October 5 <input type="checkbox"/> February 5 <input type="checkbox"/> May 5 <input type="checkbox"/> August 5 <input type="checkbox"/> November 5 <input type="checkbox"/> March 5 <input type="checkbox"/> June 5 <input type="checkbox"/> September 5 <input checked="" type="checkbox"/> December 5			
11 PERIOD COVERED	Month	Day	Year	Month
	10/26/2024			11/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME McLane Company, Inc. PAC	13 Filer ID (Ethics Commission Filers) 00067430
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. 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 (Identify by name or, if applicable, classify by party.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> 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)	\$ 473.84
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 43,914.52
OUTSTANDING LOAN TOTALS	6. 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, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Lawrence M. Parsons

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this 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 officer administering oath

SUBTOTALS - MPAC

17 COMMITTEE NAME McLane Company, Inc. PAC		18 Filer ID (Ethics Commission Filers) 00067430
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 473.84
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 2,500.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME McLane Company, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067430
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, David (Mr.)	7 Amount of Contribution (\$) \$4.61
	6 Contributor address; City; State; Zip Code Killeen, TX 76549	
8 Principal occupation / Job title (See Instructions) Accounting Director		9 Employer (See Instructions) McLane Company Inc.
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, David (Mr.)	Amount of Contribution (\$) \$4.61
	Contributor address; City; State; Zip Code Killeen, TX 76549	
Principal occupation / Job title (See Instructions) Accounting Director		Employer (See Instructions) McLane Company Inc.
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falls, Shane (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Medford, NJ 08055	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) McLane Foodservice Inc.
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falls, Shane (Mr.)	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Medford, NJ 08055	
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) McLane Foodservice Inc.
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankenberger, Anthoney (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) McLane Company Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME McLane Company, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067430
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankenberger, Anthoney (Mr.)	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Belton, TX 76513	
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) McLane Company Inc.
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildenbrand, Eric (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Vice President, General Counsel		Employer (See Instructions) McLane Company, Inc.
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hildenbrand, Eric (Mr.)	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Vice President, General Counsel		Employer (See Instructions) McLane Company, Inc.
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Cortney (Mr.)	Amount of Contribution (\$) \$19.23
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Vice President Operations Support		Employer (See Instructions) McLane Company Inc.
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Cortney (Mr.)	Amount of Contribution (\$) \$19.23
	Contributor address; City; State; Zip Code Temple, TX 76502	
Principal occupation / Job title (See Instructions) Vice President Operations Support		Employer (See Instructions) McLane Company Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME McLane Company, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067430
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Larry (Mr.)	7 Amount of Contribution (\$) \$60.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78633	
8 Principal occupation / Job title (See Instructions) SVP, Chief Administrative Officer		9 Employer (See Instructions) McLane Company, Inc.
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Larry (Mr.)	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Georgetown, TX 78633	
Principal occupation / Job title (See Instructions) SVP, Chief Administrative Officer		Employer (See Instructions) McLane Company, Inc.
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renfrow, Charlyn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Sr Director, HR		Employer (See Instructions)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Renfrow, Charlyn (Ms.)	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Belton, TX 76513	
Principal occupation / Job title (See Instructions) Sr Director, HR		Employer (See Instructions)
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Keith (Mr.)	Amount of Contribution (\$) \$23.08
	Contributor address; City; State; Zip Code Temple, TX 76504	
Principal occupation / Job title (See Instructions) Senior Vice President Merchandising		Employer (See Instructions) McLane Company Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME McLane Company, Inc. PAC		3 Filer ID (Ethics Commission Filers) 00067430
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Keith (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Temple, TX 76504	7 Amount of Contribution (\$) \$23.08
8 Principal occupation / Job title (See Instructions) Senior Vice President Merchandising		9 Employer (See Instructions) McLane Company Inc.

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 Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	2 FILER NAME McLane Company, Inc. PAC	3 Filer ID (Ethics Commission Filers) 00067430
4 Date 10/31/2024	5 Payee name Hillary Hickland Campaign Fund	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 6318 Brayson Oaks Court Belton, TX 76513	
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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hillary Hickland Campaign
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name	Office sought	Office held