CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086838 Date Received COMMITTEE Cattle Raisers State PAC **ELECTRONICALLY FILED** NAME 12/06/2024 TREASURER Skaggs, Jason (Mr.) NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) December 5 ORIGINAL PERIOD Month Year Month Year Day Day Date Imaged **COVERED THROUGH** 10/26/2024 11/25/2024 **EXPLANATION OF CORRECTION** Total contributions were correct but unintentionally omitted some expenditure items. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Mr. Jason Skaggs Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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) 00086838 3 COMMITTEE NAME **OFFICE USE ONLY** Cattle Raisers State PAC Date Received **ELECTRONICALLY FILED** 12/06/2024 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 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 10/26/2024 11/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME		13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC		0008683	8
4 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by pa	A. Supported Carol Alvarado State Senator		
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed		
Measures (Describe by date and loo of election and nature of the state of the	issue.)		
	B. Opposed		
Officeholders Assisted (Identify by name or, if applicable, classify by pa	rty.)		
TOTALS PLEDGES, LOACONTRIBUTIO	MIZED POLITICAL CONTRIBUTIONS (OTHER THAN ANS, OR GUARANTEES OF LOANS, OR NS MADE ELECTRONICALLY) report qualifies for the higher itemization threshold	\$	17,940.00
	TICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	18,140.00
EXPENDITURE 3. TOTAL UNITED TOTALS	MIZED POLITICAL EXPENDITURES	\$	0.00
4. TOTAL POLI	TICAL EXPENDITURES	\$	57,435.04
I	CAL CONTRIBUTIONS MAINTAINED AS OF THE LAST RTING PERIOD	DAY \$	340,755.54
	PAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT		I	
	I swear, or affirm, under penalty of putrue and correct and includes all infounder Title 15, Election Code.		
	Mr. Jas	on Skaggs	
	Signature of Ca		surer
AFFIX NOTARY STAMP / SEAL ABO	OVE		
Sworn to and subscribed before me, by the s	aid,	this the	day
of, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	Title of of	ficer administering oath

12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC						00086838	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		oported	Janie Lopez	State Represent	ative	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	posed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	oported				
		В. Орг	posed				
	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.)		oported	Jimmy Balckl	ock Supreme C	ourt Justice	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	posed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Sup	oported				
		В. Орг	posed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.))					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		oported	John Devine	Supreme Court	Justice	
(Attach lists on plain paper to complete this report if necessary.)		В. Орг	posed				
	2. Measures (Describe by date and location of election and nature of issue.)		pported				
		В. Орг	posed				
	Officeholders Assisted (Identify by name or, if						

						Page 5 01 19
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jon Rosentha	I State Represen	tative	
(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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	1					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Diego Bernal	State Representa	ative	
(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.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Donna Camp	pell State Senato	r	
(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	i				

1. ACTIVITY (Id					13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Id						(
ACTIVITY (Id					00086838	
	. Candidates dentify by name or, if pplicable, classify by party.)	A. Supported	l Philip Cort	ez State Represen	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
2.	. Measures	A. Supported	I			
loc	Describe by date and acation of election and ature of issue.)					
		B. Opposed				
	. Officeholders Assisted dentify by name or, if oplicable, classify by party.)					
		A. Supported	l Ray Lonez	State Representa	ntive	
ACTIVITY (Id	dentify by name or, if pplicable, classify by party.)		ray Lopez	State Representa	u.ve	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Deloc	Describe by date and cation of election and ature of issue.)	A. Supported	I			
		B. Opposed				
	. Officeholders Assisted dentify by name or, if pplicable, classify by party.)					
COMMITTEE 1.	. Candidates	A. Supported	John Lujar	State Representa	ative	
ACTIVITY (Id	dentify by name or, if pplicable, classify by party.)		.,	.,		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(Deloc	Describe by date and cation of election and ature of issue.)	A. Supported	I			
		B. Opposed				
	. Officeholders Assisted					
	dentify by name or, if pplicable, classify by party.)					

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Giovanni Capri	glione State Rep	presentative	
(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				
	Officeholders Assisted (Identify by name or, if					
	applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie Geren	State Represent	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				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Kelly Hancock	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				
	Officeholders Assisted (Identify by name or, if					

							Pag	je 8 of 19
L2 COMMITTEE NAME					13	3 Filer ID	(Ethics Commis	sion Filers)
Cattle Raisers State PAC						00086838		
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Phil King Sta	ate Senator				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed						
	Measures (Describe by date and location of election and nature of issue.)	A. Supported						
		B. Opposed						
	Officeholders Assisted (Identify by name or, if applicable, classify by party.))						
COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Mitch Little S	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 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.)	A. Supported	Tan Parker	State Senato	ır			
(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.)							

						Page 9 of 19
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Cattle Raisers State PAC					00086838	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Angela Paxton	State Senator	1	
(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.)		Royce West Sta	ate 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.)		Katrina Pierson	State Represer	ntative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
-	applicable, classify by party.)					

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

					10 of 19
17 COI	MMITTE	EE NAME	18 Filer ID	(Ethics Commission	n Filers)
Cat	tle Rai	sers State PAC	00086838	•	ŕ
				1	
l		E SUBTOTALS		SUBTOTAL AI	MOUNT
INAI	VIE OF :	SCHEDULE			
1	Ū.	SCHEDULE A1: MONETARY DOLLTICAL CONTRIBUTIONS			10 140 00
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	18,140.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	П	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
	ш			*	
		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO	PR		
4.	Ш	ORGANIZATION		\$	
		COLUED HILE ON MONETARY (IN 1/IND) CONTRIBUTIONS FROM CORRORS	TION OR		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.	П	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ΔΝΙΖΔΤΙΩΝ	 	
J 0.	Ш	SCHEDULE CO. MICHETARY SOFT CIRT FROM CORF CIRCLETON CIRCLETON CIRC	ANIZATION) [®]	
		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR			
7.	Ш	ORGANIZATION		\$	
8.	П	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	s	
				Ť	
		COLIEDING F. LOANS		_	
9.	Ш	SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	57,435.04
11.	П	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
	ш			*	
10			2010		
12.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.	П	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	 \$	
	Ш	CONEDUCE I. NOW I CENTIONE EXILENDITORECT NOW I CENTIONE CONTRIBUTION	3110]*	
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED		
15.	Ш	TO FILER		\$	
				<u> </u>	
l					
l					
l					
l					

tection Guide explains how to complete this ers State PAC 5 Full name of contributor out-of-state PAC (ID#: Marek, C. 6 Contributor address; City; State; Zip Code Ledbetter, TX 78945 upation / Job title (See Instructions)	9 E	Employer (See Ir	7	Total pages Schedule A1: Sch: 1/1 Rpt: 11/19 Filer ID (Ethics Commission Filers) 00086838 Amount of Contribution (\$) \$200.0
sers State PAC 5 Full name of contributor out-of-state PAC (ID#: Marek, C. 6 Contributor address; City; State; Zip Code Ledbetter, TX 78945	9 E		7	Filer ID (Ethics Commission Filers) 00086838 Amount of Contribution (\$) \$200.0
Marek, C. 6 Contributor address; City; State; Zip Code Ledbetter, TX 78945	9 E			\$200.0
1			nstructions)	
upation / Job title (See Instructions)			nstructions)	
	<u>I</u>			

SCHEDULE F1

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

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 manua Cabadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 1/8 Rpt: 12/19	2 FILER NAME Cattle Raisers State PAC 3 Filer ID (Ethics Commission Filers) 00086838
4 Date	5 Payee name
11/07/2024	Angela Paxton Campaign
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	McKinney, TX 75070
8 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
	Support for Texas Senate
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/14/2024	Carol Alvarado Campaign
Amount (t)	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code
Expenditure from corporate funds	Houston, TX 77223
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
	Support for Texas Senate
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/08/2024	Charlie Geren Campaign
	· -
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	Fort Worth, TX 76101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
LAI LADITURE	Candidate/Officeholder/Political Committee
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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/Officenoider/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: 2/8 Rpt: 13/19	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
11/06/2024	Cherokee Porcelain
6 Amount (\$) \$1,297.49	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	Konxville, TX 37914
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sign printing
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Diego Bernal Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	
Expenditure from corporate funds	San Antonio, TX 78216
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/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/25/2024	FedEx
Amount (\$) \$35.55	Payee address; City; State; Zip Code
Expenditure from corporate funds	Dallas, TX 75266
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Shipping cost
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 14/19	Cattle Raisers State PAC 00086838
4 Date	5 Payee name
11/07/2024	Friends of Donna Campbell
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	New Braunfels, TX 78130
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Support for Texas Senate
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
11/18/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,000.00	Tayee address, Oity, State, 2p code
Expenditure from corporate funds	Southlake, TX 76092
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.
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
11/12/2024	Janie Lopez Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$2,500.00	
Expenditure from corporate funds	San Benito, TX 78586
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
	Support for Texas House
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

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 Schedule F1:			
Sch: 4/8 Rpt: 15/19	Cattle Raisers State PAC 00086838		
4 Date	5 Payee name		
11/01/2024	Jimmy Blacklock Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$2,500.00			
Evponditure from			
Expenditure from corporate funds	Austin, TX 78767		
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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
	Candidate/Officeholder/Political Committee		
	Support for Supreme Source		
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
11/07/2024	John Lujan Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00			
Funanditure from			
Expenditure from corporate funds	San Antonio, TX 78214		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF 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		
	Support for Texas House		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Date	Payee name		
11/01/2024	Jon Rosenthal Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00			
_			
Expenditure from corporate funds	Houston, TX 77266		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
LA LADITORL	Candidate/Officeholder/Political Committee		
	Support for Texas House		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI			

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: 5/8 Rpt: 16/19	Cattle Raisers State PAC 00086838		
4 Date	5 Payee name		
11/06/2024	Judge John Devine Campaign		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
\$5,000.00			
Expenditure from corporate funds	Houston, TX 77046		
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		
	Support for Supreme Court		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/25/2024	Katrina Pierson Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00			
Expenditure from corporate funds	Rockwall, TX 75087		
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		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI			
Data	Davies name		
Date 11/01/2024	Payee name Mitch Little Campaign		
Amount (\$) \$2,000.00	Payee address; City; State; Zip Code		
Ψ2,000.00			
Expenditure from corporate funds	Dallas, TX 75201		
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. Check if travel outside of Texas. Complete Schedule T.		
	Candidate/Officeholder/Political Committee		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
experience to benefit 0/011			

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 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: 6/8 Rpt: 17/19	Cattle Raisers State PAC 00086838		
4 Date	5 Payee name		
11/05/2024	Phil King Campaign		
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code		
Expenditure from corporate funds	Weatherford, TX 76086		
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		
	Support for Texas Senate		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
·			
Date	Payee name		
11/14/2024	Philip Cortez Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00			
Expenditure from corporate funds	San Antonio, TX 78224		
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		
	Capport for Toxas Trease		
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
expenditure to benefit C/OI	1		
Date	Payee name		
11/08/2024	Ray Lopez Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,000.00			
Expenditure from corporate funds	San Antonio, TX 78238		
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
OF EXPENDITURE	Contributions/Donations Made By		
LAI LINDITORE	Candidate/Officeholder/Political Committee		
	Support for Texas House		
Commission ONUVIVIII	Condidate/Officeholder name		
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)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

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: 7/8 Rpt: 18/19	Cattle Raisers State PAC 00086838		
4 Date	5 Payee name		
11/25/2024	Royce West Campaign		
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code		
Expenditure from corporate funds	Dallas, TX 75203		
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		
	Support for results sections		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/19/2024	Tan Parker Campaign		
Amount (\$)	Payee address; City; State; Zip Code		
\$2,500.00			
Expenditure from corporate funds	Flower Mound, TX 75027		
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		
	Support for Former Solitates		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held		
Date	Payee name		
11/04/2024	Texans for Kelly Hancock		
Amount (\$)	Payee address; City; State; Zip Code		
\$5,000.00			
Expenditure from corporate funds	North Richland Hills, TX 76053		
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		
	Support for Texas Seriale		
Complete <u>ONLY</u> 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 Committee

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

	ing Expense Travel Out of District ries/Wages/Contract Labor OTHER (enter a category not listed above) o complete this form.
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Cattle Raisers State PAC	00086838
5 Payee name	
Texas & Southwestern Cattle Raisers Asso	
	Code
PO Box 101988	
Fort Worth, TX 76185	
(a) Category (See Categories listed at the top of this schedule)	(b) Description
Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Office expense
Candidate/Officeholder name Office	sought Office held
	The Instruction Guide explains how to the Instruction Guide explains how the Instruction Guide explains