CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE U	
00059393					Date Received	SEONLY
3 COMMITTEE NAME	Texas and Southwestern Cattle Raisers Association State PAC ELECTRONICALLY FILED 12/06/2024					
4 TREASURER NAME	Skaggs, Jason P					
					Date Hand-delivered or D	Date Postmarked
5 ORIGINAL REPORT TYPE	January 15	Rur	off			I
	July 15		n day after campaign treas	urer resignation	Receipt #	Amount
	30th day before election 8th day before election		solution report er (specify) December	5	Date Processed	
6 ORIGINAL PERIOD				_		
COVERED	Month Day Yea 10/26/2024	THROUGH	Month Day 11/25/2024	Year	Date Imaged	
7 EXPLANATION OF C			11/20/2024			
Included some missing e						
8 AFFIDAVIT						
			vear, or affirm, under pe l correct.	enalty of perjury	r, that this corrected i	report is true
		Che	eck the box next to any	and all applical	ble statements:	
			Semiannual reports was made in good fa misrepresent the info	ith and without	an intent to mislead	
		X	Other reports: Is report not later than t that the report as orig swear, or affirm, that filed was made in go	the 14th busine ginally filed is in any error or on	ss day after the date accurate or incomple	l learned ete. l
				Jason P Sk		
			Signa	ature of Campai	ign Treasurer	
AFFIX NUTARY ST	AMP / SEAL ABOVE					
Sworn to and subsc	ribed before me, by the said	I		, this th	ne	day
	, 20, to certi					,
	·					
Signature of offic	er administering oath	Printed name of c	officer administering oat	h 7	Title of officer admini	stering oath
	Remember To Att	ach Any Part Of	-	inance Rep		

MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

Th	me MPAC Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00059393	2 Total pages filed: 7			
3	3 COMMITTEE NAME OFFICE USE ONLY						
	Texas and Southw	Date Received					
		ELECTRONICALLY FILED					
				12/06/2024			
4	COMMITTEE ADDRESS		CITY; STATE; ZIP				
	ADDRESS	PO Box 101988					
	Change of Address	Fort Worth, TX 76185					
5	CAMPAIGN	MS/MRS/MR FIRST	MI	Date Hand-delivered or Date Postmarked			
	TREASURER NAME	Jason P		Receipt # Amount			
	NAME						
		NICKNAME LAST	SUFFIX	Date Processed			
		Skaggs		Date Imaged			
6		STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY; STA	ATE; ZIP CODE			
	TREASURER STREET	PO Box 101988					
	ADDRESS (Residence or Business)						
	(,	Forth Worth, TX 76185					
7	CAMPAIGN TREASURER	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY; ST	ATE; ZIP CODE			
	MAILING						
	Change of Address						
8	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
	PHONE	(817) 332-7064					
9	REPORT TYPE		10th day after campaign				
		X Monthly	L treasurer termination	Dissolution (Attach PAC-DR)			
10	MONTHLY REPORT FILING	January 5 April	5 July 5	October 5			
	DEADLINE						
		February 5 May	5 August 5	November 5			
		March 5 June	5 September 5	X December 5			
11	. PERIOD	Month Day Year	Month	Day Year			
	COVERED	10/26/2024	THROUGH 11/25/2	2024			
		GO 1	TO PAGE 2				
Fo	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.5dd2ace2						

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME				13	Filer ID	(Ethics Commission Filers)
Texas and Southwester	n Cattle Raisers Asso	ciation State F	PAC		00059393	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Trey Martinez Fisch	er State Rep	resentative	
(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.)					
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED PLEDGES, LOANS, CONTRIBUTIONS M ☐ check here if this report	OR GUARANTI ADE ELECTRO	EES OF LOANS, ÒR	R THAN	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLEI		ITIONS OR GUARANTEES OF	LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00		
	4. TOTAL POLITICA		URES		\$	11,000.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN		NS MAINTAINED AS OF	THE LAST DA	^Y \$	14,180.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL A LAST DAY OF THE I			NS AS OF TH	E \$	0.00
16 AFFIDAVIT	•					
		ti	swear, or affirm, under p rue and correct and inclu Inder Title 15, Election C	ides all informa		
				Jason P S	Skaggs	
		-	Sigr	nature of Camp		er
AFFIX NOTARY	STAMP / SEAL ABOVE					
Sworn to and subscribed	before me, by the said			, this	the	day
	, 20, to certify v					
Signature of officer ad	ministering oath	Printed name o	f officer administering oa	ath	Title of office	er administering oath
Forms provided by Texas E	thics Commission	www.e	thics.state.tx.us			Version V4.1.0.5dd2ace2

MONTHLY FI	LING GPAC F	REPORT:	PURPOS	SE		FORM MPAC ADDENDUM
						Page 4 of 7
12 COMMITTEE NAME Texas and Southwestern	Cattle Raisers Assoc	ciation State P	AC		13 Filer ID 00059393	(Ethics Commission Filers)
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Will Metcalf S	tate Representat	ive	
(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.)	A. Supported	Mano Deayala	Mano Deayala State Representative		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Joan Huffman	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.)					

FORM MPAC COVER SHEET PG 3

5 of 7

17 COMMITTE Texas and	E NAME Southwestern Cattle Raisers Association State PAC	18 Filer ID 00059393	(Ethics Commission Filers)
19 SCHEDULE NAME OF S	SUBTOTAL AMOUNT		
1.	\$		
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 CORPORA LABOR ORGANIZATION	TION 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 CONTRIBUTION	5	\$ 11,000.00
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	DNS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

SUBTOTALS - MPAC

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

1

8

9

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 6/7 Texas and Southwestern Cattle Raisers Association State 00059393 4 Date 5 Payee name 11/04/2024 Mano Deayala Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 Expenditure from Houston, TX 77024 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** 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/OH Date Payee name 11/14/2024 Texans for Joan Huffman Amount (\$) Payee address; City; State; Zip Code \$5,000.00 Expenditure from Houston, TX 77027 corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas Senate Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/14/2024 Trey Martinez Campaign Amount (\$) Payee address; City: State; Zip Code \$2,000.00 Expenditure from corporate funds San Antonio, TX 78228 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By EXPENDITURE Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Support for Texas House Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

SCHEDULE F1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 2/2 Rpt: 7/7	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas and Southwestern Cattle Raisers Association State 00059393
4 Date	5 Payee name
11/12/2024	Will Metcalf Campaign
6 Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code
Expenditure from corporate funds	Conroe, TX 77305
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 <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held