

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC
COVER SHEET PG 2

12 COMMITTEE NAME H-E-B Political Action Committee	13 Filer ID (Ethics Commission Filers) 00083406
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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 The Honorable Cesar J. Blanco State Senator
		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)	\$ 511,852.50
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 30,525.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,147,552.43
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.

Ms. Megan Rooney

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

MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**
ADDENDUM

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12 COMMITTEE NAME H-E-B Political Action Committee		13 Filer ID (Ethics Commission Filers) 00083406
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 The Honorable Dustin R. Burrows State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Ryan A. Guillen State Representative 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Ana E. Hernandez State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Ana E. Hernandez State Representative 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.)	

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12 COMMITTEE NAME H-E-B Political Action Committee		13 Filer ID (Ethics Commission Filers) 00083406
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 The Honorable Todd A. Hunter State Representative 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Jose Menendez State Senator 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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable William T. Metcalf State Representative 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.)	

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12 COMMITTEE NAME H-E-B Political Action Committee		13 Filer ID (Ethics Commission Filers) 00083406
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported The Honorable Charles L. Perry State Senator B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	
	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported The Honorable Toni N. Rose State Representative B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported The Honorable Charles Schwertner State Senator B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

MONTHLY FILING GPAC REPORT: PURPOSE

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12 COMMITTEE NAME H-E-B Political Action Committee	13 Filer ID (Ethics Commission Filers) 00083406
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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 The Honorable Senfronia Thompson State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported The Honorable Armando L. Walle Jr. State Representative
		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.)	

SUBTOTALS - MPAC

17 COMMITTEE NAME H-E-B Political Action Committee		18 Filer ID (Ethics Commission Filers) 00083406
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	511,312.50
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 checked="" type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	365.00
7. <input checked="" type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$	175.00
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	\$	30,000.00
11. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	525.00
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: 1/8 Rpt: 8/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahrens, Reade <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78204	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) EXEC VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alonso, Juan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) RVP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Paul <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Thomas William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) EXEC VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Au, Yun <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) General Counsel		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/8 Rpt: 9/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banazek, Christy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78121	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) SNR VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benedict, Marcus <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blessing, Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostad, Christopher <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butt, Charles <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$500,000.00
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/8 Rpt: 10/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butt, Jeffrey	7 Amount of Contribution (\$) \$750.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78204	
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castelo, Esther	Amount of Contribution (\$) \$312.50
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) SNR VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecchine, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisneros, Anthony	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizondo, Jorge	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/8 Rpt: 11/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fielder, Joseph <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78204	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Tammi <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herron, Winell <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landsgard, Carson <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) Chief Supply Chain Officer		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luedeker, Leah <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/8 Rpt: 12/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madison, Chad	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78204	
8 Principal occupation / Job title (See Instructions) SNR VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Abel	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Christopher	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Scott	Amount of Contribution (\$) \$750.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) Chief Merchant		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan, Ashwin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code San Antonio, TX 78204	
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/8 Rpt: 13/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norman, Craig <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78204	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) SNR VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padalecki, Lynette <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Kedar <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perez, Armando <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) EXEC VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polhemus, Myric <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/8 Rpt: 14/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riha, Craig <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78204	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Group VP		9 Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruck, Juan-Carlos <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions) EXEC VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, John <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tippett, Justin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions)
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Derek <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Group VP		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/8 Rpt: 15/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Todd 6 Contributor address; City; State; Zip Code San Antonio, TX 78204	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) SNR VP		9 Employer (See Instructions)

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C3

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C3: Sch: 1/1 Rpt: 16/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 12/05/2024	5 Corporation / Labor Organization name H-E-B, LP	6 Amount (\$) 365.00

**NON-MONETARY SUPPORT FROM CORPORATION
OR LABOR ORGANIZATION**

SCHEDULE C4

The Instruction Guide explains how to complete this form.		1 Total pages Schedule C4: Sch: 1/1 Rpt: 17/22
2 FILER NAME H-E-B Political Action Committee		3 Filer ID (Ethics Commission Filers) 00083406
4 Date 12/25/2024	5 Corporation / Labor Organization name H-E-B, LP	6 Amount (\$) 175.00

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/4 Rpt: 18/22	2 FILER NAME H-E-B Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083406
4 Date 12/10/2024	5 Payee name Ana Hernandez Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 15538 Houston, TX 77220	
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 Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name Armando Walle Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4826 Hollybrook Lane Houston, TX 77039	
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 Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2024	Payee name Cesar Blanco Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 929 El Paso, TX 79946	
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 Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 2/4 Rpt: 19/22	2 FILER NAME H-E-B Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083406
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4 Date 12/12/2024	5 Payee name Charles Perry Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 94806 Lubbock, TX 79493
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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 Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/11/2024	Payee name Charles Schwertner Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448 Georgetown, TX 78627
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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 Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/12/2024	Payee name Dustin Burrows Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2569 Lubbock, TX 79408
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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 Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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 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: 3/4 Rpt: 20/22	2 FILER NAME H-E-B Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083406
4 Date 12/05/2024	5 Payee name Jose Menendez Campaign	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 100833 San Antonio, TX 78201	
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 Campaign Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/09/2024	Payee name Ryan Guillen Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 1024 Austin, TX 78767	
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 Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2024	Payee name Senfronia Thompson Campaign	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4828 Loop Central Dr #600 Houston, TX 77081	
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 Campaign Contribution
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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: 4/4 Rpt: 21/22	2 FILER NAME H-E-B Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083406
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4 Date 12/10/2024	5 Payee name Todd Hunter Campaign
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 445 Cape Henry Dr Corpus Christi, TX 78412
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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 Campaign Contribution
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name Toni Rose Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 41867 Dallas, TX 75241
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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 Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 12/10/2024	Payee name Will Metcalf Campaign
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 195 Lake View Circle Montgomery, TX 77356
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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 Campaign Contribution
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: Sch: 1/1 Rpt: 22/22	2 FILER NAME H-E-B Political Action Committee	3 Filer ID (Ethics Commission Filers) 00083406
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 12/23/2024	6 Payee name Atchley & Associates LLP
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7 Amount (\$) \$525.00	8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752-3815
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Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PAC accounting and reporting services
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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