GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00017363					2	2 Total pages filed: 5	
3	COMMITTEE NAME				Т	OFFICE USE ONLY	
	Texas Agricultural	Cooperative Council PAC				Date Received	
						ELECTRONICALLY FILED	
						01/03/2025	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; C	TY;	STATE; ZIP CODE			
	ADDRESS	1111 North Interstate Highway 35				Date Hand-delivered or Date Postmarked	
	—	SUITE 208			Ľ	ate Hand-delivered of Date Postmarked	
	Change of Address	Round Rock, TX 78664			F	Receipt # Amount	
					C	Date Processed	
					C	Date Imaged	
5	CAMPAIGN	MS / MRS / MR FIRST			Μ	I	
	TREASURER NAME	Christy					
		NICKNAME LAST			S	UFFIX	
		Lewis					
6		STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #; CITY	;	STATE; ZIP CODE	
	TREASURER STREET	1111 North Hwy 35, Ste 208					
	ADDRESS						
	(Residence or Business)	Round Rock, TX 78664					
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; CIT	Y;	STATE; ZIP CODE	
	TREASURER MAILING ADDRESS	1111 North Hwy 35, Ste 208					
	Change of Address	Round Rock, TX 78664					
8	CAMPAIGN	AREA CODE PHONE NUMBER	EX	TENSION			
	TREASURER PHONE	(512) 450-0555					
9	REPORT TYPE	X January 15	0th d	day before election		Dissolution (Attach PAC-DR)	
			th da	ay before election		10th day after campaign treasurer	
		July 15	Puno	ff		termination	
10	PERIOD COVERED	Month Day Year		Month Day		Year	
COVERED 10/27/2024 THROUGH 12/31/2					24		
11	ELECTION	ELECTION DATE		ELECTION TYPE			
		Month Day Year	Prim	_	1	Other	
		11/05/2024					
			Gen	eral Special			
<u> </u>							
	GO TO PAGE 2						
L	mo provided by T						
-0ľ	ins provided by Te	xas Ethics Commission www.e	unc	s.state.tx.us		Version V4.1.0.5dd2ace2	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)		
Texas Agricultural Coop	00017363					
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Andy Hopper State Represent	ative			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00		
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00		
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,250.00		
CONTRIBUTION BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD				7,353.48		
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00		
16 AFFIDAVIT	L		I			
		I swear, or affirm, under penalty of pe true and correct and includes all inform under Title 15, Election Code.				
		Christ	v Lowic			
Christy Lewis Signature of Campaign Treasurer						
Signature of Campaign Treasurer						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said, this the day of, to certify which, witness my hand and seal of office.						
of	, 20, to certity v	which, witness my hand and seal of office.				
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath		
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

12 COMMITTEE NAME 13 Filer ID (Ellis Commission Filers) 12 COMMITTEE A CTIVITY 1. Candidates semity yrangs of a spanity case of a spanit							Page 3 of 5
Texas Agricultural Cooperative Council PAC 00017363 14 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party.) A. Supported Adam Hinojosa State Senator (Attach lists on plain paper to complete this report if necessary.) B. Opposed B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported A. Supported 3. Officeholders Assisted (identify by name or, if 3. Officeholders Assisted (identify by name or, if B. Opposed	12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
ACTIVITY (Identify by name or, if applicable, classify by party.) B. Opposed (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.) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if Identify by name or, if		perative Council PAC	;				
report if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if	14 COMMITTEE ACTIVITY			Adam Hinojosa	State Senator		
(Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if Image: Comparison of the state of	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
3. Officeholders Assisted (Identify by name or, if		(Describe by date and location of election and	A. Supported				
Assisted (Identify by name or, if			B. Opposed				
		Assisted (Identify by name or, if					

FORM GPAC COVER SHEET PG 3

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17 COMMITTEE NAME 18 Filer ID (Ethics Commission Filers)							
17 COMMITT Texas Ag	(Ethics Commission Filers)						
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABC ORGANIZATION	R	\$				
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR 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	6	\$ 1,250.00				
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 - GPAC

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		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)
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 5/5	Texas Agricultural Cooperative Counc		00017363
4 Date	5 Payee name	·	
11/21/2024	Elect Adam Hinojosa Campaign		
6 Amount (\$) \$1,000.00	7 Payee address; City; State P.O. Box 18301	; Zip Code	
Expenditure from corporate funds	Corpus Christi, TX 78480		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense htribution
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought State Senator	Office held
Date	Payee name		
12/09/2024	Hopper4Texas		
Amount (\$) \$250.00	Payee address; City; State PO Box 1052 Decatur, TX 76234	; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Contributions/Donations Made By Candidate/Officeholder/Political Comm	Check if travel out	tside of Texas. Complete Schedule T. X, officeholder living expense htribution
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OF	^H Hopper, Andy	State Senator	