FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00059363 3 COMMITTEE NAME **OFFICE USE ONLY** Manufacturers PAC of Texas Date Received **ELECTRONICALLY FILED** 01/09/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** P.O. Box 11510 Date Hand-delivered or Date Postmarked Change of Address Austin, TX 78711 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Bill Mr. NAME NICKNAME LAST **SUFFIX** Oswald STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1005 Congress Avenue STREET **ADDRESS** Suite 440 (Residence or Business) Austin, TX 78701 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1005 Congress Avenue MAILING **ADDRESS** Suite 440 Austin, TX 78701 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (512) 476-1148 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 10/27/2024 12/31/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/03/2026 General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---|-----------------|----------------------------|
| Manufacturers PAC o | f Texas | | 00059363 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported Sen. Joan Huffman State Sena | ator | |
| (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.) | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS No check here if this report | D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) qualifies for the higher itemization threshold | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 6,250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZE | D POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDITURES | \$ | 26,800.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL OF THE REPORTIN | CONTRIBUTIONS MAINTAINED AS OF THE LAST I G PERIOD | DAY \$ | 16,567.73 |
| OUTSTANDING LOAN TOTALS | 1 | AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD | HE \$ | 0.00 |
| 16 AFFIDAVIT | | | • | |
| | | I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code. | | |
| | | Mr. Bill | Oswald | |
| | | Signature of Car | npaign Treasur | er |
| AFFIX NOTAF | RY STAMP / SEAL ABOVE | | | |
| Sworn to and subscrib | ed before me, by the said _ | , th | nis 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 office | er administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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| | | | | | 1 ago o o 1 1 1 |
|-------------------|---|--|--------------|-------------------------------|--|
| 12 COMMITTEE NAME | | | | | 13 Filer ID (Ethics Commission Filers) |
| | Manufacturers PAC of T | exas | | | 00059363 |
| | COMMITTEE | 1. Candidates | A Supported | The Hanarahla Clann Hagar C | omntroller |
| | ACTIVITY | (Identify by name or, if applicable, classify by party.) | | The Honorable Glenn Hegar Co | ompu onei |
| | (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 | | |
| | | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | |
| | COMMITTEE | | | Cara Obasilas Davis Ottoba C | * |
| | COMMITTEE ACTIVITY | Candidates (Identify by name or, if | A. Supported | Sen. Charles Perry State Sena | tor |
| | (Attack lists on plain | applicable, classify by party.) | | | |
| | (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | |
| | | 2. Measures (Describe by date and location of election and | A. Supported | | |
| | | 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.) | | The Honorable Dan Patrick Lie | utenant Governor |
| | (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.) | | | |
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | Page 4 01 17 |
|---|---|--------------|-------------------------|---------------|----------------------------|
| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Manufacturers PAC of 1 | Гехаѕ | | | 00059363 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Sen. Brandon Creighton | State Senator | |
| (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 | | | |
| | 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 | Sen. Kelly Hancock Sta | te 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 applicable, classify by party.) | | | | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Sen. Robert Nichols 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.) | | | | |
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | Page 5 01 17 |
|---|---|--------------|---------------------------------|-------------|----------------------------|
| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Manufacturers PAC of T | exas | | | 00059363 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Rep. David Cook 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.) | | Sen. Brian Birdwell State Senat | tor | |
| (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.) | | Rep. Tom Craddick State Repre | esentative | |
| (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.) | | | | |
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 6 of 17

| OMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|---|---|--|--|
| lanufacturers PAC of 1 | Гехаs | | | 00059363 | |
| OMMITTEE CTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Rep. Charlie Geren State Repre | esentative | |
| attach lists on plain aper to complete this port 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.) | | | | |
| OMMITTEE CTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | | Rep. Donna Howard State Repr | esentative | |
| attach lists on plain aper to complete this port if necessary.) | | B. Opposed | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | |
| | | B. Opposed | | | |
| | Assisted (Identify by name or, if | | | | |
| OMMITTEE CTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Rep. Trent Ashby State Represe | entative | |
| attach lists on plain aper to complete this port 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.) | | | | |
| c a | CTIVITY ttach lists on plain per to complete this | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) ctach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if | DMMITTEE CTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted | location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DMMITTEE TIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed B. Opposed B. Opposed B. Opposed Complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed B. Opposed 3. Officeholders Assisted (Identify by name or, if leading the party of the p | 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) DIMITTEE CITIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) Etach lists on plain per to complete this port if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) B. Opposed A. Supported B. Opposed B. Opposed |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | Page 7 01 17 |
|---|--|--------------|--------------------------------|-------------|----------------------------|
| COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
| Manufacturers PAC of T | Texas | | | 00059363 | |
| COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | | Rep. Greg Bonnen State Repre | sentative | |
| (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.) | | Sen. Juan "Chuy" Hinojosa Stat | te 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.) | A. Supported | Sen. Charles Schwertner 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 | | | | |
| | applicable, classify by party.) | | | | |
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SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

| | | | | | 8 of 17 |
|---------------|--------|--|--------------|------------|-------------------|
| 17 COM | 1MITTE | E NAME | 18 Filer ID | (Ethics Co | ommission Filers) |
| | | rers PAC of Texas | 00059363 | (= | , |
| | | E SUBTOTALS | | 1 | |
| | | SCHEDULE | | SUB | TOTAL AMOUNT |
| TV/ | | SCHEDOLE | | | |
| 1. | X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 5,500.00 |
| 2. | | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION | PR | \$ | |
| 5. | | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION | ATION OR | \$ | |
| 6. | X | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG | ANIZATION | \$ | 500.00 |
| 7. | X | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | | \$ | 250.00 |
| 8. | | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (| ORGANIZATION | \$ | |
| 9. | | SCHEDULE E: LOANS | | \$ | |
| 10. | X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 26,800.00 |
| 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 | ONS | \$ | |
| 15. | | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | |
| | | | | | |

| | MONET | TARY POLITICAL CONTRIBUTION | DNS | | SCHEDU | LE A1 |
|---|------------------------------|--|-------------------------------------|--------------------------------|------------------|--------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages S Sch: 1/1 Rp | | |
| 2 | FILER NAME | ers PAC of Texas | | 3 Filer ID (Eth 00059363 | nics Commissi | on Filers) |
| 4 | Date 12/17/2024 | te 5 Full name of contributor X out-of-state PAC (ID#: C00536573 | | 7 Amount of Co | ontribution (\$) | \$3,000.00 |
| 8 | Principal occu | North Chicago, IL 60064 upation / Job title (See Instructions) | 9 Employer (See Instructions | (25) | | |
| 0 | rincipal occu | apadon 7 300 tille (See instructions) | 2 Employer (See instructions | 13) | | |
| | Date 11/12/2024 | Full name of contributor out-of-state PAC (ID#:_Barr, Matt Contributor address; City; State; Zip Code |) | Amount of Co | ontribution (\$) | \$500.00 |
| | | Houston, TX 77094 | | | | |
| | Principal occu Government | upation / Job title (See Instructions) t Affairs | Employer (See Instructions Cheniere | is) | | |
| | Date 12/17/2024 | Full name of contributor out-of-state PAC (ID#:_ Texas Impact, a CRH PAC Contributor address; City; State; Zip Code | | Amount of Co | ontribution (\$) | \$2,000.00 |
| | Principal occu | Austin, TX 78726 upation / Job title (See Instructions) | Employer (See Instructions | ds) | | |
| | | | | | | |

MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION The Instruction Guide explains how to complete this form. 1 Total pages Schedule C3: Sch: 1/1 Rpt: 10/17 2 FILER NAME Schedule C3: Sch: 1/1 Rpt: 10/17 Manufacturers PAC of Texas 4 Date 5 Corporation / Labor Organization name 6 Amount (\$)

11/30/2024

Texas Association of Manufacturers

500.00

NON-MONETARY SUPPORT FROM CORPORATION SCHEDULE C4 **OR LABOR ORGANIZATION** 1 Total pages Schedule C4: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 11/17 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Manufacturers PAC of Texas 00059363 Date 5 Corporation / Labor Organization name 6 Amount (\$) 12/31/2024 250.00 **Texas Association of Manufacturers**

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Conditate/Officebolder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 (order a category not listed above)

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) |
|--|--|
| | The Instruction Guide explains how to complete this form. |
| 1 Total pages Schedule F1: | |
| Sch: 1/6 Rpt: 12/17 | Manufacturers PAC of Texas 00059363 |
| 4 Date | 5 Payee name |
| 12/09/2024 | Brian Birdwell Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,000.00 | PO Box 1111 |
| | |
| Expenditure from corporate funds | Granbury, TX 76048 |
| 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 |
| | Campaign Contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| experiditure to benefit C/O | 7 |
| Date | Payee name |
| 11/13/2024 | Charles Perry Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | P.O. Box 94806 |
| | |
| Expenditure from corporate funds | Lubbock, TX 79493 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | 4 |
| Date | Payee name |
| 12/10/2024 | Charlie Geren Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 1440 |
| | |
| Expenditure from corporate funds | Ft. Worth, TX 76101-0482 |
| PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Contributions/Donations ivide By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| | |
| | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Officeholder/Do 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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 4 7 | · · · · · · · · · · · · · · · · · · · |
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 13/17 | 2 FILER NAME Manufacturers PAC of Texas 3 Filer ID (Ethics Commission Filers) 00059363 |
| 4 Date | 5 Payee name |
| 12/09/2024 | David Cook Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 309 E. Broad Street |
| | |
| Expenditure from corporate funds | Mansfield, TX 76063 |
| 8 PURPOSE | |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | |
| Date | Payee name |
| 12/10/2024 | Donna Howard Campaign |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 5375 |
| Expenditure from | A . (f TV 70700 |
| corporate funds | Austin, TX 78763 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| | Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| Date | Payee name |
| 12/02/2024 | Friends of Brandon Creighton |
| | |
| Amount (\$) | |
| \$2,000.00 | 2257 N. Loop 336 |
| Expenditure from | Suite 140-366 |
| corporate funds | Conroe, TX 77304 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Contributions/Donations Made By |
| EXPENDITURE | Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | 1 |
| | |
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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

| ion Filers) |
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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: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 4/6 Rpt: 15/17 | Manufacturers PAC of Texas 00059363 |
| 4 Date | 5 Payee name |
| 12/11/2024 | Senator Juan "Chuy" Hinojosa Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | 1508 Lone Star Way |
| | Ste. 5B |
| Expenditure from corporate funds | Edinburg, TX 78539 |
| 8 PURPOSE | To a second seco |
| OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | Candidate/Officeholder/Political Committee 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 | Payee name |
| 12/11/2024 | Texans for Charles Schwertner |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,300.00 | P.O. Box 2448 |
| Ψ1,300.00 | F.O. BOX 2440 |
| Expenditure from | |
| corporate funds | Georgetown, TX 78627-2448 |
| 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 |
| | Campaigh Contribution |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | · · · · · · · · · · · · · · · · · · · |
| | |
| Date | Payee name |
| 11/21/2024 | Texans for Dan Patrick |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$3,000.00 | P.O. Box 685085 |
| | |
| Expenditure from corporate funds | Austin, TX 78768 |
| 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. |
| LAFLINDITUKE | Candidate/Officeholder/Political Committee |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| experiulture to benefit C/Of | 1 |
| | |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | |
| | |

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

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|--|--|
| 1 Total pages Cabadula F1: | |
| 1 Total pages Schedule F1: | |
| Sch: 5/6 Rpt: 16/17 | Manufacturers PAC of Texas 00059363 |
| 4 Date | 5 Payee name |
| 11/07/2024 | Texans for Joan Huffman |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$2,000.00 | 3733-1 Westheimer Rd. |
| ,_,,,,,,,,, | #40 |
| Expenditure from | |
| corporate funds | Houston, TX 77027 |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | Campaign Continuation |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| experientare to belieff Gree | |
| Date | Payee name |
| 12/04/2024 | Texans for Kelly Hancock |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$2,000.00 | P.O. Box 821349 |
| | |
| Expenditure from | North Richland Hills, TX 76182 |
| corporate funds | |
| 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 |
| | Campaign Contribution |
| | Campaign Continuation |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | · · |
| | |
| Date | Payee name |
| 12/10/2024 | Texans for Trent Ashby |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$1,000.00 | P.O. Box 412 |
| | |
| Expenditure from corporate funds | Lufkin, TX 75902 |
| - | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By |
| EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Candidate/Officeholder/Political Committee Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | Campaign Contribution |
| | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
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| | |

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 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment | y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 6/6 Rpt: 17/17 | Manufacturers PAC of Texas 00059363 |
| 4 Date | 5 Payee name |
| 12/10/2024 | Tom Craddick Campaign |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$1,000.00 | Two Lakes Dr. |
| | |
| Expenditure from corporate funds | Midland, TX 79705 |
| 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 Committee Committee |
| | Campaign Contribution |
| | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
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