## GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

# FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	2 Total pages filed: 61		
3	COMMITTEE NAME		•	OFFICE USE ONLY
	Texas McDonald's	Operators Association PAC, Inc.		Date Received ELECTRONICALLY FILED 01/11/2025
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE	
	ADDRESS	1001 E Tyler		Date Hand-delivered or Date Postmarked
				Date Hand-delivered of Date Fostmarked
	Change of Address	Athens, TX 75751		Receipt # Amount
				Date Processed
				Date Imaged
5	CAMPAIGN	MS / MRS / MR FIRST		MI
	TREASURER NAME	Mr. Kevin		
		NICKNAME LAST		SUFFIX
		Lilly		
6	CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #; CITY;	STATE; ZIP CODE
	STREET	1001 E Tyler		
	ADDRESS			
	(Residence or Business)	Athens, TX 75751		
7	CAMPAIGN TREASURER	STREET OR PO BOX;	APT / SUITE #; CITY	; STATE; ZIP CODE
	MAILING	1001 E Tyler		
	ADDRESS			
	Change of Address	Athens, TX 75751		
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
	TREASURER PHONE	(214) 236-1053		
L				
9	REPORT TYPE	X January 15	Oth day before election	Dissolution (Attach PAC-DR)
			h day before election	10th day after campaign treasurer termination
		July 15	unoff	termination
10	DEDIOD	Mantha Davi Vaar	Marth	Veer
110	PERIOD COVERED	Month Day Year 10/27/2024 Tł	Month Day HROUGH 12/31/2024	Year
		10/2//2024		+
11	ELECTION	ELECTION DATE	ELECTION TYPE	
		Month Day Year	Primary Runoff	Other
			General Special	
⊢		II		
		GO	TO PAGE 2	
Foi	rms provided by Tex	xas Ethics Commission www.et	thics.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 F			13 Filer ID	(Ethics Commission Filers)	
Texas McDonald's Ope	rators Association PAC	, Inc.	0006652	24	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Robert Nichols 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.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00	
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	36,825.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	23.70	
	4. TOTAL POLITICA	L EXPENDITURES	\$	13,063.53	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	90,744.53	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00	
16 AFFIDAVIT	•		•		
		I swear, or affirm, under penalty of pen true and correct and includes all inforr under Title 15, Election Code.			
		Mr. Ke Signature of Car	vin Lilly	asurer	
		Signature of Ca	pagn 1100		
	STAMP / SEAL ABOVE				
		, th	nis the	day	
ot	of, 20, to certify which, witness my hand and seal of office.				
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of o	fficer administering oath	
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2	

#### **SUBTOTALS - GPAC**

## FORM GPAC **COVER SHEET PG 3**

			3 of 61
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Mo	Donald's Operators Association PAC, Inc.	00066524	-
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 36,825.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	DR	\$
5.	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.	SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.	SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	2	\$
8.	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 13,063.53
11.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$
13.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$
15. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 1,000.00

The Instruction	n Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 1/53 Rpt: 4/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	s Operators Association PAC, Inc.		00066524
4 Date 5 Fu	ull name of contributor 🛛 out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/16/2024 A	costa, Celia		\$25.0
6 Cr	contributor address; City; State; Zip Code		
Si	an Antonio, TX 78228		
	n / Job title (See Instructions)	9 Employer (See Instructions	3)
Owner/Operator		self	
Date Fi	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024 A	costa, Celia		\$25.0
C	contributor address; City; State; Zip Code		
	an Antonio, TX 78228		
	n / Job title (See Instructions)	Employer (See Instructions	
Owner/Operator		self	
Date Fi	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024 A	costa, Luis		\$325.0
C	contributor address; City; State; Zip Code		
	an Antonio, TX 78228		
	n / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Operator		self	
	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	costa, Luis		\$325.0
Co	contributor address; City; State; Zip Code		
Si	an Antonio, TX 78228		
Principal occupation	n / Job title (See Instructions)	Employer (See Instructions	;)
Owner/Operator		self	
Date Fi	ull name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024 A	costa, Maria		\$300.0
C	ontributor address; City; State; Zip Code		
Si	an Antonio, TX 78228		
	n / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Operator		self	

The I	Instru	ction Guide explains how to complete this f	orm.		ges Schedule A1: 53 Rpt: 5/61	
2 FILER	NAME			3 Filer ID	(Ethics Commissio	n Filers)
		nald's Operators Association PAC, Inc.		000665		
4 Date		5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount	of Contribution (\$)	
12/26	6/2024	Acosta, Maria				\$300.00
		6 Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
		pation / Job title (See Instructions)	9 Employer (See Instructions	)		
Owne	er/Oper	ator	self			
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
12/16	6/2024	Acosta, Richard				\$400.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
Owne	er/Oper	ator	self			
Date		Full name of contributor out-of-state PAC (ID#:_	)	Amount	of Contribution (\$)	
12/26	6/2024	Acosta, Richard				\$400.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78228				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
Owne	er/Oper	ator	self			
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
11/19	)/2024	Adcock, Bradley				\$45.00
		Contributor address; City; State; Zip Code				
		к				
		Kingwood, TX 77345				
		pation / Job title (See Instructions)	Employer (See Instructions	)		
Owne	er/Oper	ator	self			
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount	of Contribution (\$)	
12/30	)/2024	Adcock, Bradley				\$45.00
		Contributor address; City; State; Zip Code				
		Kingwood, TX 77345				
Princip	pal occu	pation / Job title (See Instructions)	Employer (See Instructions	)		
Owne	er/Oper	ator	self			
			l			
1						

The	Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 3/53 Rpt: 6/61	
2 FILEF	R NAME			<b>3</b> Filer ID (Ethics Commission	Filers)
		nald's Operators Association PAC, Inc.		00066524	
4 Date		5 Full name of contributor out-of-state PAC (ID#:	:)	7 Amount of Contribution (\$)	
11/19	9/2024	Adcock, Doug			\$75.00
		6 Contributor address; City; State; Zip Code			
		Houston, TX 77069			
8 Princi	ipal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ns)	
Owne	er/Opera	ator	self		
Date		Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	0/2024	Adcock, Doug	·		\$75.00
1					
		Houston, TX 77069			
Princi	ipal occu	pation / Job title (See Instructions)	Employer (See Instruction	IS)	
Owne	er/Opera	ator	self		
Date		Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
11/19	9/2024	Back, Dustin			\$30.00
		Contributor address; City; State; Zip Code			
		Tomball, TX 77375			
		pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Owne	er/Opera	ator	self		
Date		Full name of contributor out-of-state PAC (ID#:	:)	Amount of Contribution (\$)	
12/30	0/2024	Back, Dustin			\$30.00
		Contributor address; City; State; Zip Code			
		Tomball, TX 77375			
Princi	inal occu	pation / Job title (See Instructions)	Employer (See Instruction		
	ier/Opera		self		
Date				Amount of Contribution (\$)	
	9/2024	Full name of contributor out-of-state PAC (ID#: Bell, April	)		\$15.00
±±/±\	512027	Contributor address; City; State; Zip Code			Ψ10.0C
		Continuation address, City, State, Zip Code			
		Conroe, TX 77384			
Princi	ipal occu	I pation / Job title (See Instructions)	Employer (See Instruction	l IS)	
	ier/Opera		self	,	
	· ·				

The Instruction Guide explains how to complete this form.       1 Total pages State Could A2: Sch: 4/53 Rpt: 7/61         2       FLER NAME       3 Filter D (Ethics Commission Filters)         Total pages States McDonald's Operators Association PAC, Inc.       0006/6524         4       Dete       5 Fiul name of contributor oxet-state PAC (Dot / 2000)       7 Amount of Contribution (\$)         12/30/204       6 Contributor address; City, State: Zip Code       7       Amount of Contribution (\$)         8       Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       Amount of Contribution (\$)         Outer       Full name of contributor oxet-state PAC (Dot					
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor       out-of-state PAC (Dir)       7 Amount of Contribution (\$)         12/30/2024       6 Contributor address; City: State; Zip Code       7 Amount of Contribution (\$)       \$15.00         8 Principal occupation / Job title (See instructions)       9 Employer (See Instructions)       9 Amount of Contribution (\$)       \$90.00         Date       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)       \$90.00         11/15/2024       Bentham, Denise       Contributor oddress; City: State; Zip Code       Amount of Contribution (\$)       \$90.00         Contributor address; City: State; Zip Code       Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$90.00         Date       Full name of contributor       out-of-state PAC (Dir)       Amount of Contribution (\$)       \$90.00         12/30/2024       Bentham, Denise       Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$90.00         Date       Full name of contributor       out-of-state PAC (Dir	The Ins	truction Guide explains how to complete this	form.		
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor in out-at-state PAC (Distribution (S)       7 Amount of Contribution (S)         12/30/2024       Belt, April       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)         8 Principal occupation / Job title (See Instructions)       9 Employer (See Instructions)       9 Amount of Contribution (S)         9 Date       Full name of contributor in out-of-state PAC (Destructions)       Amount of Contribution (S)         9 Date       Full name of contributor in out-of-state PAC (Destructions)       Amount of Contribution (S)         9 Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Self         9 Date       Full name of contributor in out-of-state PAC (Destructions)       Amount of Contribution (S)         12/30/2024       Bentham, Denise       Amount of Contribution (S)       S90.00         12/30/2024       Bentham, Denise       Contributor address; City; State; Zip Code       Amount of Contribution (S)         12/30/2024       Bentham, Denise       S90.00       S90.00       S90.00         11/15/2024       Full name of contributor in out-of-state PAC (Destructions)       Amount of Contribution (S)       S90.00         11/15/2024       Full name of contributor in out-of-state PAC (Destructions)       Amount of Contribution	2 FILER NA	ME		<b>3</b> Filer ID (Ethics Commission	Filers)
12/30/2024       Bell, April       \$15.00         6       Contributor address; City; Stale; Zip Code       \$15.00         7       Conroe, TX 77384       9       Employer (See Instructions)         0xmer/Operator       Self       Amount of Contribution (S)       \$90.00         11/15/2024       Full name of contributor       out of-state PAC (DP       Amount of Contribution (S)       \$90.00         Control       Control       Control       out of-state PAC (DP       Amount of Contribution (S)       \$90.00         Principal occupation / Job title (See Instructions)       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$90.00         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (S)       \$90.00         12/30/2024       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (S)       \$90.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (S)       \$91.00         Date       Full name of contributor       out-of-state PAC (DP       Amount of Contribution (S)       \$135.00         11/15/2024       Bianton, Lori       out-of-state PAC (DP       Amount of Contribution (S)       \$135.00         Vowner/Operator       Self					,
6       Contributor address; City; State; Zip Code         Conrol, TX 77384       Principal occupation / Job title (See Instructions)         Owner/Operator       Set         Date       Full name of contributor       out-of-state PAC (ID#	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         7       Principal occupation / 30b title (See Instructions)         9       Employer (See Instructions)         9       Full name of contributor         11/19/2024       Full name of contributor         0       Control         11/19/2024       Full name of contributor         0       Control         0       Control         0       Control         0       Control         0       Control         0       Control         0       Bentham, Denise         0       Control         0       Control         0       Control         0       Control         0       Control         0       Full name of contributor         0       aux-of-state PAC (Dor         0       Control         0       Control <td>12/30/20</td> <td></td> <td></td> <td></td> <td>\$15.00</td>	12/30/20				\$15.00
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (Dor- 					
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (Dor- 					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (DBF       Amount of Contribution (\$)         11/19/2024       Bentham, Denise		Conroe, TX 77384			
Date       Full name of contributor       out-of-state PAC (D#:)       Amount of Contribution (\$)         11/19/2024       Bentham, Denise       \$\$90.00         Contributor address; City; State; Zip Code       S\$90.00         Cypress, TX 77433       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (D#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (D#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (D#:)         Amount of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         11/15/2024       Full name of contributor       out-of-state PAC (D#:)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/22/2024       Full name of contributor       out-of-state PAC (D#:			9 Employer (See Instructions	6)	
11/19/2024       Bentham, Denise       \$\$90.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$\$90.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$90.00         Owner/Operator       Bentham, Denise       Amount of Contribution (\$)       \$\$90.00         12/30/2024       Bentham, Denise       Amount of Contribution (\$)       \$\$90.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$\$90.00         Owner/Operator       Self       Amount of Contribution (\$)       \$\$135.00         Date       Full name of contributor       out-of-state PAC (ID#:	Owner/O	perator	self		
Contributor address; City, State; Zip Code         Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor	Date	Full name of contributor out-of-state PAC (ID#:	· )	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Owner/Operator         Date       Full name of contributor	11/19/20				\$90.00
Cypress, TX 77433       Employer (See Instructions) self         Date 12/30/2024       Full name of contributor out-of-state PAC (ID#:) Bentham, Denise Contributor address; City, State; Zip Code       Amount of Contribution (\$) Sentham, Denise         Principal occupation / Job title (See Instructions) Contributor address; City, State; Zip Code       Employer (See Instructions) self         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date 11/15/2024       Full name of contributor out-of-state PAC (ID#:) Blanton, Lori       Amount of Contribution (\$) self         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self       Amount of Contribution (\$) \$135.00         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self       Amount of Contribution (\$) \$135.00         Date 12/24/2024       Full name of contributor out-of-state PAC (ID#:) Blanton, Lori       Employer (See Instructions) self         Date 12/24/2024       Full name of contributor out-of-state PAC (ID#:) Blanton, Lori       Amount of Contribution (\$) \$135.00         Contributor address; City, State; Zip Code       Amount of Contribution (\$) \$135.00         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/30/2024       Bentham, Denise       \$90.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Owner/Operator       Gontributor       out-of-state PAC (ID#:		Cypress, TX 77433			
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         12/30/2024       Bentham, Denise       \$90.00         Contributor address; City; State; Zip Code       Cypress, TX 77433       \$90.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$elf         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         11/15/2024       Blanton, Lori       out-of-state PAC (ID#)       Amount of Contribution (\$)         11/15/2024       Blanton, Lori       out-of-state PAC (ID#)       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00         Owner/Operator       Self       Amount of Contribution (\$)       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00         Owner/Operator       Self       Self       Self       Self         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$135.00         12/24/2024       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)       \$135.00         Up/24/2024       B	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
12/30/2024       Bentham, Denise       \$90.00         Contributor address; City; State; Zip Code	Owner/O	perator	self		
Contributor address; City; State; Zip Code         Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         11/15/2024         Blanton, Lori         Contributor address; City; State; Zip Code         Weatherford, TX 76087         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Weatherford, TX 76087         Employer (See Instructions)         Self         Out-of-state PAC (ID#:         12/24//2024       Full name of contributor         Blanton, Lori       self         Date       Full name of contributor         Date       Full name of contributor         Blanton, Lori       self         Date       Full name of contributor         Blanton, Lori       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Weatherford, TX 76087       \$135.00         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Cypress, TX 77433         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         11/15/2024         Blanton, Lori         Contributor address; City; State; Zip Code         Weatherford, TX 76087         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor         Out-of-state PAC (ID#:         Contributor address; City; State; Zip Code         Weatherford, TX 76087         Employer (See Instructions)         Self         Out-of-state PAC (ID#:         12/24//2024       Full name of contributor         Blanton, Lori       self         Date       Full name of contributor         Date       Full name of contributor         Blanton, Lori       self         Date       Full name of contributor         Blanton, Lori       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Weatherford, TX 76087       \$135.00         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)	12/30/202				\$90.00
Cypress, TX 77433       Employer (See Instructions) Self         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2024       Blanton, Lori					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       weatherford, TX 76087         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self         Date       Full name of contributor       out-of-state PAC (ID#:) Self         Date       Full name of contributor       out-of-state PAC (ID#:) Self       Amount of Contribution (\$)         12/24/2024       Blanton, Lori       \$135.00       \$135.00         Weatherford, TX 76087       Weatherford, TX 76087       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       weatherford, TX 76087         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) Self         Date       Full name of contributor       out-of-state PAC (ID#:) Self         Date       Full name of contributor       out-of-state PAC (ID#:) Self       Amount of Contribution (\$)         12/24/2024       Blanton, Lori       \$135.00       \$135.00         Weatherford, TX 76087       Weatherford, TX 76087       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$135.00         Weatherford, TX 76087       Employer (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         12/24/2024       Blanton, Lori       amount of Contribution (\$)         Self       Self         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Weatherford, TX 76087       Mount of Contribution (\$)       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00		Cypress, TX 77433			
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$135.00         Weatherford, TX 76087       Employer (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         12/24/2024       Blanton, Lori       amount of Contribution (\$)         Self       Self         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Weatherford, TX 76087       Mount of Contribution (\$)       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$135.00	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$135.00         12/24/2024       Blanton, Lori       s135.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/O	perator	self		
11/15/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$135.00         12/24/2024       Blanton, Lori       s135.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Weatherford, TX 76087         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:) Blanton, Lori       Amount of Contribution (\$) \$135.00         12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	11/15/202				\$135.00
Weatherford, TX 76087       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:)         12/24/2024       Blanton, Lori         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Blanton, Lori       Out-of-state PAC (ID#:)         Weatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)			· · · · · · · · · · · · · · · · · · ·		
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Veatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer accuration (S)					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Veatherford, TX 76087       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer accuration (S)					
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       12/24/2024     Blanton, Lori     \$135.00       Contributor address; City; State; Zip Code     Veatherford, TX 76087     Self		Weatherford, TX 76087			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal c	ccupation / Job title (See Instructions)	Employer (See Instructions	5)	
12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/O	perator	self		
12/24/2024       Blanton, Lori       \$135.00         Contributor address; City; State; Zip Code       Weatherford, TX 76087         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Weatherford, TX 76087         Principal occupation / Job title (See Instructions)         Employer (See Instructions)					\$135.00
Weatherford, TX 76087       Principal occupation / Job title (See Instructions)       Employer (See Instructions)				•	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Weatherford, TX 76087			
	Principal c	Luccupation / Job title (See Instructions)	Employer (See Instructions	5)	
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	The Instru	ction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 5/53 Rpt: 8/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		nald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	11/19/2024	Bolen, Gary		\$75.00
		6 Contributor address; City; State; Zip Code		
		Conroe, TX 77384		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Ľ	Owner/Oper		self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Bolen, Gary		\$75.00
		Contributor address; City; State; Zip Code		
		Conroe, TX 77384		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner/Oper	ator	self	
⊨	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Brown, Stuart	)	\$105.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Missouri City, TX 77459		
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner/Oper		self	-,
╞	Date		<u> </u>	Amount of Contribution (\$)
	12/30/2024	Full name of contributor out-of-state PAC (ID#: Brown, Stuart	)	\$105.00
	12/30/2024			
		Contributor address; City; State; Zip Code		
		Missouri City, TX 77459		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner/Oper	ator	self	
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/21/2024	Campbell, Irma	/	\$25.00
		Contributor address; City; State; Zip Code		
		Contributor address, City, State, Zip Code		
		Alpine, TX 79831		
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l s)
	Owner/Oper		self	-,
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 6/53 Rpt: 9/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nald's Operators Association PAC, Inc.			00066524	/
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/23/2024	Campbell, Irma				\$25.00
		6 Contributor address; City; State; Zip Code		"		
		Alpine, TX 79831				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	·)	Т	Amount of Contribution (\$)	
	11/19/2024	Carreon, Daniel				\$30.00
		Contributor address; City; State; Zip Code		·		
		Rosharon, TX 77583				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Т	Amount of Contribution (\$)	
	12/30/2024	Carreon, Daniel				\$30.00
		Contributor address; City; State; Zip Code		·		
		Rosharon, TX 77583				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#	)	Τ	Amount of Contribution (\$)	
	11/21/2024	Carrillo, Anthony				\$900.00
		Contributor address; City; State; Zip Code		"		
		Midland, TX 79705				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#	)		Amount of Contribution (\$)	
	12/23/2024	Carrillo, Anthony				\$900.00
		Contributor address; City; State; Zip Code		"		
L		Midland, TX 79705	i			
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			

т	he Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 7/53 Rpt: 10/61
2 FI	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		onald's Operators Association PAC, Inc.		00066524
4 D	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
1	1/19/2024	Casas, Abner		\$45.00
		6 Contributor address; City; State; Zip Code		
		Dayton, TX 77535		
<b>8</b> Pi	rincipal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)
0	wner/Oper	ator	self	
Di	ate	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12	2/30/2024	Casas, Abner	/	\$45.00
		Dayton, TX 77535		
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	)wner/Opera		self	
Di	ate	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	1/19/2024	Casas, Jill	/	\$45.00
-	1/10/202 .	Contributor address; City; State; Zip Code		
		Continuation address, City, State, Zip Code		
		Dayton, TX 77535		
- Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	ls)
	)wner/Opera		self	
	ate	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
	2/30/2024	Casas, Jill	/	\$45.00
	21001202 .			
		Contributor address; City; State; Zip Code		
		Dayton, TX 77535		
Pi	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
0	wner/Oper	ator	self	
Di	ate	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
1	1/19/2024	Casey, Laura		\$45.00
		Contributor address; City; State; Zip Code		·
		Kingwood, TX 77325		
Pi	rincipal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	s)
	)wner/Opera		self	
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 8/53 Rpt: 11/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	12/30/2024	Casey, Laura		\$60.00
		6 Contributor address; City; State; Zip Code		
		Kingwood, TX 77325		
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/15/2024	Childress, Keva		\$180.00
		Contributor address; City; State; Zip Code		
		Rockwall, TX 75032		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/24/2024	Childress, Keva		\$180.00
		Contributor address; City; State; Zip Code		•
		Rockwall, TX 75032		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Choma, Tiffany		\$15.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77092		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Choma, Tiffany		\$15.00
		Contributor address; City; State; Zip Code		1
		Houston, TX 77092		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
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The Instru	iction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 9/53 Rpt: 12/61	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/21/2024	Cohen, Bill			\$125.00
	6 Contributor address; City; State; Zip Code		1	
	Levelland, TX 79336			
	upation / Job title (See Instructions)	9 Employer (See Instructions	5)	
Owner/Oper	rator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/23/2024				\$125.00
	Contributor address; City; State; Zip Code		1	
	Levelland, TX 79336			
	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	rator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/16/2024	Conlan, Hampton			\$150.00
	Contributor address; City; State; Zip Code		1	
	Lampasas, TX 76550	T		
	upation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/26/2024	Conlan, Hampton			\$150.00
	Contributor address; City; State; Zip Code			
	Lampasas, TX 76550			
Principal occl	upation / Job title (See Instructions)	Employer (See Instructions	<u>1</u> s)	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/16/2024		/		\$225.00
	Contributor address; City; State; Zip Code		4	
	Lampasas, TX 76550			
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	rator	self		
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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 10/53 Rpt: 13/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	12/26/2024	Conlan, Lynette		\$225.00
		6 Contributor address; City; State; Zip Code		
		Lampasas, TX 76550		
8	Principal occu		9 Employer (See Instructions	5)
	Owner/Oper		self	
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/16/2024	Contreras, Shelly		\$75.00
		Contributor address; City; State; Zip Code		
		San Antonio, TX 78221		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/26/2024	Contreras, Shelly		\$75.00
		Contributor address; City; State; Zip Code		1
		San Antonio, TX 78221		-
	Principal occu Owner/Opera	upation / Job title (See Instructions)	Employer (See Instructions self	5)
				1
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/21/2024	Credle, Susan		\$100.00
		Contributor address; City; State; Zip Code		
		Clovis, NM 88101		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/23/2024	Credle, Susan		\$100.00
		Contributor address; City; State; Zip Code		1
		Clovis, NM 88101		
		upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/53 Rpt: 14/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
11/21/2024	Dana, Osman		\$750.00
	6 Contributor address; City; State; Zip Code		
	Amarillo, TX 79119		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/23/2024	Dana, Osman	)	\$750.00
	Amarillo, TX 79119		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	De Leon, Ignacio	)	\$225.00
	Contributor address; City; State; Zip Code		
	Laredo, TX 78043		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/26/2024	De Leon, Ignacio		\$225.00
	Contributor address; City; State; Zip Code		
	Laredo, TX 78043		
·	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/19/2024	De la Garza, Deanna		\$90.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
-	pation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 12/53 Rpt: 15/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		nald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	12/30/2024	De la Garza, Deanna		\$90.00
		6 Contributor address; City; State; Zip Code		
		Brownsville, TX 78520		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	
	Owner/Operation	· · ·	self	-,
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/16/2024	De la Garza, Hector	)	\$50.00
		Brownsville, TX 78520		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/26/2024	De la Garza, Hector		\$50.00
		Contributor address; City; State; Zip Code		
		Brownsville, TX 78520		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/16/2024	Del Barrio Jr., Alfredo		\$325.00
		Contributor address; City; State; Zip Code		
	Drineirel eeu	McAllen, TX 78501		
	Owner/Operation	pation / Job title (See Instructions)	Employer (See Instructions self	5)
	•		301	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/26/2024 Del Barrio Jr., Alfredo		\$325.00	
	Contributor address; City; State; Zip Code			
		McAllen, TX 78501		
-	Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Operation	· · ·	self	-,
⊢	1			

The In:	struction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 13/53 Rpt: 16/61	
2 FILER N	AME		3 Filer ID (Ethics Commission	n Filers)
	IcDonald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/16/2	Dobski, Anthony			\$75.00
	6 Contributor address; City; State; Zip Code			
	Laredo, TX 78041			
	occupation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/0	Dperator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/26/2				\$75.00
	Contributor address; City; State; Zip Code			
	Laredo, TX 78041			
Principal	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/0	Dperator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
11/19/2				\$45.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77205			
	occupation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/0	Dperator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/30/2				\$45.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77205	-		
-	occupation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/0	Dperator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/16/2	024 Ellis, Jordan			\$300.00
	Contributor address; City; State; Zip Code			
	Beaumont, TX 77702	-		
-	occupation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/0	Dperator	self		

	The Instru	ction Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 14/53 Rpt: 17/61	
2	FILER NAME			_	Filer ID (Ethics Commission	n Filers)
		onald's Operators Association PAC, Inc.			00066524	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/26/2024	Ellis, Jordan				\$300.00
		6 Contributor address; City; State; Zip Code		1		
		Beaumont, TX 77702				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	 s)		
	Owner/Opera		self	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	12/16/2024	Ellis, Russell				\$375.00
	<b></b> , <b>-</b>			-		<b>+-</b>
		Corpus Christi, TX 78414				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Operation	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u>.</u> )	Τ	Amount of Contribution (\$)	
	12/26/2024	Ellis, Russell				\$375.00
		Contributor address; City; State; Zip Code		1		
	Duin singl oppi	Corpus Christi, TX 78414				
	Owner/Opera	ipation / Job title (See Instructions)	Employer (See Instructions self	3)		
				<del>—</del>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀ75 00
	12/16/2024	Estate of Dennis Meyer				\$75.00
		Contributor address; City; State; Zip Code				
		Hutto, TX 78634				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	12/26/2024	Estate of Dennis Meyer				\$75.00
		Contributor address; City; State; Zip Code		1		
	<u> </u>	Hutto, TX 78634		Ļ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Operation	ator	self			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 15/53 Rpt: 18/61	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
	onald's Operators Association PAC, Inc.		00066524	010)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/16/2024	Estate of Jose Lopez Ferguson		4	\$25.00
	6 Contributor address; City; State; Zip Code			
	Austin, TX 78754			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	)	
Owner/Oper		self	)	
Date		<u> </u>	Amount of Contribution (\$)	
12/26/2024	Full name of contributor out-of-state PAC (ID#: Estate of Jose Lopez Ferguson	)	Amount of Contribution (\$)	\$25.00
12/20/2024				¢25.00
	Contributor address; City; State; Zip Code			
	Austin, TX 78754			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:_	\	Amount of Contribution (\$)	
12/16/2024	Estate of Martha Mendoza	)		\$25.00
12/10/2024				\$25.00
	Contributor address; City; State; Zip Code			
	Del Rio, TX 78840			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/26/2024	Estate of Martha Mendoza	· · · · · · · · · · · · · · · · · · ·		\$25.00
	Contributor address; City; State; Zip Code			
	Del Rio, TX 78840			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/21/2024	Fadke, Kenny		9	\$15.00
	Contributor address; City; State; Zip Code			
	Hobbs, NM 88240			
	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		

The Instructio	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 16/53 Rpt: 19/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	d's Operators Association PAC, Inc.		00066524
	Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/23/2024	Fadke, Kenny		\$15
6	Contributor address; City; State; Zip Code		
	Hobbs, NM 88240		
8 Principal occupation	ion / Job title (See Instructions)	9 Employer (See Instructions	; ;)
Owner/Operator	ſ	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	Ferguson, Cynthia		\$50
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
	ion / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Operator	·	self	
	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024	Ferguson, Cynthia		\$50
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
	ion / Job title (See Instructions)	Employer (See Instructions	<u></u>
Owner/Operator		self	)
· · ·			Amount of Contribution (\$)
	Full name of contributor out-of-state PAC (ID#: Ferguson, Jimmy	)	\$25.
	Contributor address; City; State; Zip Code		, ,
	Continuutor address, City, State, Zip Code		
	Austin, TX 78754		
Principal occupation	ion / Job title (See Instructions)	Employer (See Instructions	;)
Owner/Operator	r	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	Ferguson, Jimmy		\$100
	Contributor address; City; State; Zip Code		
	Austin, TX 78754		
	ion / Job title (See Instructions)	Employer (See Instructions	6)
Owner/Operator	1	self	

The Instr	uction Guide explains how to complete this	form.	1 Total pages Schedule A1: Sch: 17/53 Rpt: 20/61	
2 FILER NAM	 E		3 Filer ID (Ethics Commission	n Filers)
	Donald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/26/2024	Ferguson, Jimmy			\$25.00
	6 Contributor address; City; State; Zip Code		1	
	Austin, TX 78754			
	cupation / Job title (See Instructions)	9 Employer (See Instructions	\$)	
Owner/Ope		self		
Date	———————————————————————————————————————	)	Amount of Contribution (\$)	
12/26/2024				\$100.00
	Contributor address; City; State; Zip Code			
D in single and	Austin, TX 78754		Į	
-	cupation / Job title (See Instructions)	Employer (See Instructions	\$)	
Owner/Ope		self		
Date	—	)	Amount of Contribution (\$)	
11/15/2024				\$60.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75027			
Drincipal oc		Employer (Soo Instructions		
Owner/Ope	cupation / Job title (See Instructions) erator	Employer (See Instructions self	3)	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>*</b> ~~ ~~
12/24/2024				\$60.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75027			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Owner/Ope		self	<i>`</i> )	
•			Γ Amount of Contribution (Φ)	
Date 12/16/2024		)	Amount of Contribution (\$)	\$125.00
12/10/2024	-			Φ120.00
	Contributor address; City; State; Zip Code			
	Flower Mound, TX 75027			
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Owner/Ope		self	<i>''</i>	
		501		

SCHEDULE	A1
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The Instruction Guide explains how to complete this form.	
2 EILED NAME	. Total pages Schedule A1: Sch: 18/53 Rpt: 21/61
	Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date       5 Full name of contributor       out-of-state PAC (ID#:)       7	Amount of Contribution (\$)
12/26/2024 Frank-Silmon, Joy	\$125.0
6 Contributor address; City; State; Zip Code	
Flower Mound, TX 75027	
8 Principal occupation / Job title (See Instructions)     9 Employer (See Instructions)	
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/19/2024 Glaser, David	\$275.
Contributor address; City; State; Zip Code	
Katy, TX 77494	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Glaser, David	\$275.0
Contributor address; City; State; Zip Code	
Katy, TX 77494	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Owner/Operator self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/16/2024 Glaser, David	\$175.
Contributor address; City; State; Zip Code	
Katy, TX 77494	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Owner/Operator self	
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
	Amount of Contribution (\$) \$175.
Date     Full name of contributor     out-of-state PAC (ID#:)	
Date     Full name of contributor     out-of-state PAC (ID#:)       12/26/2024     Glaser, David	
Date       Full name of contributor       out-of-state PAC (ID#:)         12/26/2024       Glaser, David         Contributor address; City; State; Zip Code	
Date       Full name of contributor       out-of-state PAC (ID#:)         12/26/2024       Glaser, David       Contributor address; City; State; Zip Code         Katy, TX 77494       Katy, TX 77494	
Date       Full name of contributor       out-of-state PAC (ID#:)         12/26/2024       Glaser, David         Contributor address; City; State; Zip Code	

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	The Instru	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 19/53 Rpt: 22/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		onald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	11/19/2024	Glaser, Phyllis		\$30.00
		6 Contributor address; City; State; Zip Code		
		Spring, TX 77391		
8			9 Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Glaser, Phyllis		\$30.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77391		
	•	upation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Glaser-Swift, Laurie		\$150.00
		Contributor address; City; State; Zip Code		
		Cypress, TX 77429		
		upation / Job title (See Instructions)	Employer (See Instructions	6)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Glaser-Swift, Laurie		\$150.00
		Contributor address; City; State; Zip Code		
		Cypress, TX 77429		
	•	upation / Job title (See Instructions)	Employer (See Instructions	6)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/16/2024	Gonzales Jr., Vincente		\$75.00
		Contributor address; City; State; Zip Code		
		Waco, TX 76703		
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner/Oper	ator	self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 20/53 Rpt: 23/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		nald's Operators Association PAC, Inc.			00066524	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/26/2024	Gonzales Jr., Vincente				\$75.00
		6 Contributor address; City; State; Zip Code		1		
		Waco, TX 76703				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
-	Owner/Oper		self	-,		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/19/2024	Grafmiller, Todd				\$90.00
		Contributor address; City; State; Zip Code		1		
		Atascocita, TX 77346				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	12/30/2024	Grafmiller, Todd				\$90.00
		Contributor address; City; State; Zip Code		ł		
		Atascocita, TX 77346				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Г	Amount of Contribution (\$)	
	11/19/2024	Gutierrez, David				\$180.00
		Contributor address; City; State; Zip Code		•		
		Houston, TX 77055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/30/2024	Gutierrez, David				\$180.00
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77055				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
$\vdash$						

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	The Instru	ction Guide explains how to complete this t	form.		Total pages Schedule A1: Sch: 21/53 Rpt: 24/61	
2	FILER NAME			_	Filer ID (Ethics Commission	) Filers)
		onald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/19/2024	Gutierrez, Michael				\$15.00
		6 Contributor address; City; State; Zip Code		1		
		Houston, TX 77055				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	12/30/2024	Gutierrez, Michael				\$15.00
		Contributor address; City; State; Zip Code		·		
		Houston, TX 77055				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Τ	Amount of Contribution (\$)	
	12/10/2024	Hardeman, Tommy				\$600.00
	Contributor address; City; State; Zip Code		"			
		Southlake, TX 76092				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self	<u> </u>		
	Date	Full name of contributor out-of-state PAC (ID#:	)	T	Amount of Contribution (\$)	
	11/15/2024	Hardeman, Tommy				\$30.00
		Contributor address; City; State; Zip Code		]		
		Southlake TX 76002				
⊢	Dringinglogg	Southlake, TX 76092	Employer (Can Instruction			
	Owner/Oper	upation / Job title (See Instructions)	Employer (See Instructions self	S)		
	•					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷00.00
	12/24/2024	Hardeman, Tommy				\$30.00
	Contributor address; City; State; Zip Code					
		Southlake, TX 76092				
$\vdash$	Dringing occu		Employer (See Instruction)	<u> </u>		
	Owner/Oper	upation / Job title (See Instructions)	Employer (See Instructions self	5)		
	Owner/Oper		Sell			

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 22/53 Rpt: 25/61
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
11/21/2024 Harmon, David	\$125.00
6 Contributor address; City; State; Zip Code	
Abilene, TX 79602	
	See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/23/2024 Harmon, David	\$125.00
Contributor address; City; State; Zip Code	
Abilene, TX 79602	
Principal occupation / Job title (See Instructions)Employer (SOwner/Operatorself	See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
11/15/2024 Ingram, Tyrous	\$330.00
Contributor address; City; State; Zip Code	
Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/24/2024 Ingram, Tyrous	\$330.00
Contributor address; City; State; Zip Code	
Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Employer (S	See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/16/2024 Jairala, Celia	\$300.00
Contributor address; City; State; Zip Code	
San Antonio, TX 78228	
	See Instructions)
Owner/Operator self	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 23/53 Rpt: 26/61	
2	FILER NAME			3	Filer ID (Ethics Commission	1 Filers)
[		nald's Operators Association PAC, Inc.		ľ	00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/26/2024	Jairala, Celia				\$300.00
		6 Contributor address; City; State; Zip Code		1		
		San Antonio, TX 78228				
8	Principal occu	I pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>		
	Owner/Oper	ator	self			
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	11/15/2024	Jasper, Joe	)		, anoant of Continuation (+)	\$180.00
				•		
		Fort Worth, TX 76116				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Г	Amount of Contribution (\$)	
	12/24/2024	Jasper, Joe				\$180.00
		Contributor address; City; State; Zip Code				
		· · · · · · · · · · · · · · · · · · ·				
		Fort Worth, TX 76116				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/15/2024	Jasper, Karen				\$15.00
		Contributor address; City; State; Zip Code		1		
		Fort Worth, TX 76116				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/24/2024	Jasper, Karen				\$15.00
		Contributor address; City; State; Zip Code		1		
L		Fort Worth, TX 76116				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
L	Owner/Oper	ator	self			
I						

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 24/53 Rpt: 27/61
2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date   5 Full name of contributor   indextorial out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
11/19/2024 Kades, Ken	\$570.00
6 Contributor address; City; State; Zip Code	
Pasadena, TX 77505	
8         Principal occupation / Job title (See Instructions)         9         Employer (See Instruction)	ns)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Kades, Ken	\$570.00
Contributor address; City; State; Zip Code	
Pasadena, TX 77505	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/19/2024 Kades, Matthew	\$150.00
Contributor address; City; State; Zip Code	
Houston, TX 77024	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ins)
Owner/Operator self	
Date     Full name of contributor     out-of-state PAC (ID#:)	Amount of Contribution (\$)
12/30/2024 Kades, Matthew	\$150.00
Contributor address; City; State; Zip Code	
Houston, TX 77024	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
11/19/2024 Kades, Rachel	\$75.00
Contributor address; City; State; Zip Code	
Webster, TX 77598	
Principal occupation / Job title (See Instructions) Employer (See Instruction	ns)
Owner/Operator self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/53 Rpt: 28/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[		nald's Operators Association PAC, Inc.		ľ	00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/30/2024	Kades, Rachel				\$75.00
		6 Contributor address; City; State; Zip Code		1		
		Webster, TX 77598				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Oper	ator	self	-		
	Date		)		Amount of Contribution (\$)	
	11/15/2024	Kantar, Sam				\$120.00
		Contributor address; City; State; Zip Code		]		
		Richland Hills, TX 76118				
		pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/24/2024	Kantar, Sam				\$120.00
		Contributor address; City; State; Zip Code				
		Dickland Lilla, TV 70110				
	Deine in all a sec	Richland Hills, TX 76118	Frankriger (O and the structure structure			
	Owner/Oper	pation / Job title (See Instructions)	Employer (See Instructions self	S)		
			5011	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/16/2024	Kantar, Sam				\$200.00
		Contributor address; City; State; Zip Code				
		Richland Hills, TX 76118				
⊢	Bringinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Owner/Oper		self	5)		
╞			501	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢200.00
	12/26/2024	Kantar, Sam				\$200.00
		Contributor address; City; State; Zip Code				
		Richland Hills, TX 76118				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u>		
	Owner/Oper		self	5)		
⊢	ownen/Oper		JUI			

The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 26/53 Rpt: 29/61	
2 FILER NAME			3 Filer ID (Ethics Commission F	-ilers)
	nald's Operators Association PAC, Inc.		00066524	licity
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/19/2024	Keiser, Merle			\$45.00
	6 Contributor address; City; State; Zip Code			
	Houston, TX 77069			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/30/2024	Keiser, Merle			\$45.00
	Houston, TX 77069			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Owner/Opera	ator	self		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/15/2024	Kelley, Jon	/		\$135.00
11,10,2021	Contributor address; City; State; Zip Code			¢100.00
	Contributor address, City, State, Zip Code			
	Richardson, TX 75080			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Owner/Opera	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/24/2024	Kelley, Jon	/		\$135.00
12/24/2024	-			\$100.00
	Contributor address; City; State; Zip Code			
	Richardson, TX 75080			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Owner/Opera		self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/19/2024	Kelly, Howard	)		\$30.00
	Contributor address; City; State; Zip Code			+00100
	Contributor address, City, State, Zip Code			
	Houston, TX 77205			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)	
Owner/Opera		self		

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7	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 27/53 Rpt: 30/61
<b>2</b> F	ILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		nald's Operators Association PAC, Inc.		00066524
4 C	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
1	12/30/2024	Kelly, Howard		\$30.00
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77205		
8 F	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Oper		self	<i>,</i>
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Kessler, Suzanne	)	\$30.00
		Spring, TX 77379		
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
1	12/30/2024	Kessler, Suzanne	/	\$30.00
		Contributor address; City; State; Zip Code		
		Spring, TX 77379		
F	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
(	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
1	11/21/2024	Kiesel, Cory		\$50.00
		Contributor address; City; State; Zip Code		
		Vista, CA 92084		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	Amount of Contribution (\$)
1	12/23/2024	Kiesel, Cory		\$50.00
		Contributor address; City; State; Zip Code		
		Vista, CA 92084	i	
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 28/53 Rpt: 31/61	
2	FILER NAME			3	Filer ID (Ethics Commissior	1 Filers)
		onald's Operators Association PAC, Inc.		1	00066524	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/16/2024	Kinney, Daniel				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Bastrop, TX 78602				
8			9 Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/26/2024	Kinney, Daniel				\$50.00
		Contributor address; City; State; Zip Code		1		
		Bastrop, TX 78602				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/16/2024	Kinney, Jason				\$150.00
		Contributor address; City; State; Zip Code		1		
		Bastrop, TX 78602				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/26/2024	Kinney, Jason				\$150.00
		Contributor address; City; State; Zip Code		1		
		Bastrop, TX 78602				
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor Dut-of-state PAC (ID#:_	)	ļ ,	Amount of Contribution (\$)	
	11/15/2024	Kumar, Andy				\$240.00
		Contributor address; City; State; Zip Code				
				1		
		Colleyville, TX 76034				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
I I						

The Instruc	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 29/53 Rpt: 32/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/24/2024	Kumar, Andy		\$240.0
	6 Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
-	ipation / Job title (See Instructions)	9 Employer (See Instructions	·)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/15/2024	Lilly, Kevin		\$330.0
	Contributor address; City; State; Zip Code		
	Athens, TX 75751		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	() ()
Owner/Operation	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/24/2024	Lilly, Kevin		\$330.0
	Contributor address; City; State; Zip Code		
	Athens, TX 75751		
	upation / Job title (See Instructions)	Employer (See Instructions	
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	Lim, Maria		\$75.0
	Contributor address; City; State; Zip Code		
	Marble Falls, TX 78654		
	pation / Job title (See Instructions)	Employer (See Instructions	)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024	Lim, Maria		\$75.0
	Contributor address; City; State; Zip Code		
	Marble Falls, TX 78654		
	upation / Job title (See Instructions)	Employer (See Instructions	)
Owner/Opera	ator	self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 30/53 Rpt: 33/61	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	5)
	onald's Operators Association PAC, Inc.		00066524	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/15/2024	Lopez-McWilliams, Karen		\$60	0.00
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76182			
8 Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions		
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/24/2024	Lopez-McWilliams, Karen	······		0.00
				0.00
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76182			
-	ipation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/15/2024	Lozano, Jose		\$45	5.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	upation / Job title (See Instructions)	Employor (Soo Instructions	\ \	
Owner/Oper		Employer (See Instructions self		
Owner/Oper		Sell		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/24/2024	Lozano, Jose		\$45	5.00
	Contributor address; City; State; Zip Code			
	Plano, TX 75024			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)	
Owner/Oper	ator	self		
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/16/2024	Lutito Jr., David	)		5.00
12/10/2024			Ψ20	0.00
	Contributor address; City; State; Zip Code			
	longetown TV 7964E			
	Jonestown, TX 78645			
-	pation / Job title (See Instructions)	Employer (See Instructions		
Owner/Oper	ator	self		

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 31/53 Rpt: 34/61
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PAC, Inc.	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
12/26/2024 Lutito Jr., David	\$25.00
6 Contributor address; City; State; Zip Code	
Jonestown, TX 78645	
8 Principal occupation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Owner/Operator sel	f
Date Full name of contributor Out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/16/2024 Lutito Jr., Edward	\$375.00
Contributor address; City; State; Zip Code	
Jonestown, TX 78645	
Principal occupation / Job title (See Instructions) Em	ployer (See Instructions)
Owner/Operator sel	f
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/26/2024 Lutito Jr., Edward	\$375.00
Contributor address; City; State; Zip Code	
Jonestown, TX 78645	
· · · · · · · ·	ployer (See Instructions)
Owner/Operator sel	f
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/19/2024 Majors, Angela	\$30.00
Contributor address; City; State; Zip Code	
Lumble TV 77246	
Humble, TX 77346	
Principal occupation / Job title (See Instructions) Em Owner/Operator sel	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/30/2024 Majors, Angela	\$30.00
Contributor address; City; State; Zip Code	
Humble, TX 77346	
	nlovor (See Instructions)
Principal occupation / Job title (See Instructions) Em Owner/Operator sel	ployer (See Instructions) f
Selference	1

The Instruction Guide explains how to complete this form.       1 Total pages Should AL: Sch: 32/53 Ppl: 35/61         2       FLER NAME Toxas McDonald's Operators Association PAC, Inc.       2       FLER INAME Toxas McDonald's Operators Association PAC, Inc.       3       Fler ID       Ethics Commission Flers) 00066524         4       Date       5       Full nume of contributor Laredo, TX 78041       7       Amount of Contribution (\$) \$250.00         8       Fincipal accupation / Job tile (See Instructions) Owner/Operator       9       Employer (See Instructions) self       Amount of Contribution (\$) \$250.00         Date       Full name of contributor Laredo, TX 78041       9       Employer (See Instructions) self       Amount of Contribution (\$) \$250.00         Date       Full name of contributor Laredo, TX 78041       Employer (See Instructions) self       Amount of Contribution (\$) \$45.00         Date       Full name of contributor Contributor address; City, State: Zip Code       Amount of Contribution (\$) \$45.00         Date       Full name of contributor Contributor address; City, State: Zip Code       Amount of Contribution (\$) \$45.00         Date       Full name of contributor Contributor address; City, State: Zip Code       Amount of Contribution (\$) \$45.00         Date       Full name of contributor Contributor address; City, State: Zip Code       Amount of Contributor Contributor address; City, State: Zip Code         Date       Ful					
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor in out-at-state PAC (Distribution (S)       7 Amount of Contribution (S)         12/16/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       9 Amount of Contribution (S)         204e       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         11/21/2024       Martin, Kevin       S45.00         Principal occupation / Job tile (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       Setf       Amount of Contribution (S)       \$45.00         11/21/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)       \$45.00         12/23/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Con	The Instrue	ction Guide explains how to complete this f	orm.		
Texas McDonald's Operators Association PAC, Inc.       00066524         4 Date       5 Full name of contributor in out-at-state PAC (Distribution (S)       7 Amount of Contribution (S)         12/16/2024       6 Contributor address; City; State; Zip Code       7 Amount of Contribution (S)         8 Principal occupation / Job tile (See Instructions)       9 Employer (See Instructions)       9 Amount of Contribution (S)         204e       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         12/26/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)         11/21/2024       Martin, Kevin       S45.00         Principal occupation / Job tile (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       Setf       Amount of Contribution (S)       \$45.00         11/21/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Contribution (S)       \$45.00         12/23/2024       Full name of contributor in out-of-state PAC (Dec.       Amount of Con	2 FILER NAME			<b>3</b> Filer ID (Ethics Commission	Eilers)
12/16/2024       Marasco, Danielle       \$250.00         6       Contributor address; City; State; Zip Code       \$250.00         7       Principal occupation / Job title (See Instructions)       \$eff         Date       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         12/26/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         12/26/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         2026/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         212/26/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         212/26/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         211/21/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         211/21/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         212/23/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         212/23/2024       Full name of contributor       out of-state PAC (D#       Amount of Contribution (S)         212/23/2024       Full name of contr		nald's Operators Association PAC, Inc.			
6       Contributor address; City; State; Zip Code         Laredo, TX 78041       9         8       Principal occupation / Job title (See Instructions)         Owner/Operator       Set         12/26/2024       Full name of contributor       out-of-state PAC (tox:	4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
6       Contributor address; City; State; Zip Code         1       Principal occupation / Job title (See Instructions)         0       Principal occupation / Job title (See Instructions)         1       Date         1       Pull name of contributor         0       Contributor address; City; State; Zip Code         1       Contributor address; City; State; Zip Code         1       Laredo, TX 78041         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         0       Setf         Date       Full name of contributor         1       Pull name of contributor         0       aux-of-state PAC (Dor	12/16/2024				\$250.00
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (Dor- 					
8       Principal occupation / Job title (See Instructions) Owner/Operator       9       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (Dor- 					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (IDJ:       Amount of Contribution (\$)         12/26/2024       Marasco, Danielle       \$250.00         Contributor address; City, State, Zip Code       Employer (See Instructions)       \$250.00         Owner/Operator       Self       Self         Date       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         11/21/2024       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)         9rincipal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       Self       Amount of Contribution (\$)       \$45.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       Self       Amount of Contribution (\$)       \$45.00         12/23/2024       Full name of contributor       out-of-state PAC (IDI:       Amount of Contribution (\$)       \$45.00         Owner/Operator       Self       Self       Self       Self       Self       Self         Date       Full name of contribu					
Date       Full name of contributor       out-of-state PAC (D#)       Amount of Contribution (\$)         12/26/2024       Marasco, Danielle       \$250.00         Contributor address; City; State; Zip Code				6)	
12/26/2024       Marasco, Danielle       \$250.00         Contributor address; City; State; Zip Code	Owner/Opera	ator	self		
12/26/2024       Marasco, Danielle       \$250.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of Contribution (\$)         Date       Full name of contributor       out-of-state PAC (ID#:	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Image: Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Amount of Contribution (\$)         11/21/2024       Marrin, Kevin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Attus, OK 73521       Employer (See Instructions)         Self       Self         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:         Amount of Contributor       Out-of-state PAC (ID#:         Amount of Contributor       Out-of-state PAC (ID#:	12/26/2024				\$250.00
Laredo, TX 78041         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:) Martin, Kevin Contributor address; City, State; Zip Code       Amount of Contribution (\$) Altus, OK 73521         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self       Amount of Contribution (\$) S45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$) S45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$) S45.00         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$) S45.00         12/23/2024       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$) S45.00         Contributor address; City, State; Zip Code       Safe       Amount of Contribution (\$) Safe         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$) Safe         Date       Full name of contributor       Safe         Date       Full name of contributor       Amount of Contribution (\$) Safe         11/15/2024       Full name of contributor					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:					
Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:		Laredo, TX 78041			
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/21/2024       Martin, Kevin       s45.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Altus, OK 73521       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of Contribution address; City; State; Zip Code       Amount of Contribution (\$)         12/23/2024       Martin, Kevin	Principal occu		Employer (See Instructions	) )	
Date       Full name of contributor       out-of-state PAC (ID#)       Amount of Contribution (\$)         11/21/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Altus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#)         12/23/2024       Martin, Kevin       S45.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         12/23/2024       Martin, Kevin       S45.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)       \$45.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       S45.00       S45.00       \$45.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$45.00         Owner/Operator       Self       S45.00       \$11/15/2024       Amount of Contributor       \$11/15/2024       Amount of Contributor       \$195.00         Third particular differse; City: State; Zip Code       Contributor address; City: State; Zip Code       Amount of Contribution (\$)       \$11/15/2024       Contributor address; C				<i>b)</i>	
11/21/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Altus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       out-of-state PAC (ID#:	Owner/Opera		5011	1	
Contributor address; City; State; Zip Code         Altus, OK 73521         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         12/23/2024         Martin, Kevin         Contributor address; City; State; Zip Code         Altus, OK 73521         Principal occupation / Job title (See Instructions)         Contributor address; City; State; Zip Code         Altus, OK 73521         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Principal occupation / Job title (See Instructions)         Self         Date         Principal occupation / Job title (See Instructions)         Self         Date         Pull name of contributor         I1/15/2024         Massey, Daniel         Contributor address; City; State; Zip Code         Coppell, TX 75019         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Coppell, TX 75019	Date	Full name of contributor 🛛 out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code       Altus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions) self         Date       Full name of contributor out-of-state PAC (ID#:)         12/23/2024       Martin, Kevin         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Altus, OK 73521       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor out-of-state PAC (ID#:)         Advance       Self         Date       Full name of contributor out-of-state PAC (ID#:)         11/15/2024       Massey, Daniel       Amount of Contribution (\$)         11/15/2024       Full name of contributor contributor       Self         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Coppell, TX 75019       Employer (See Instructions)         Principal occupation / Job title (See Instructions)<	11/21/2024				\$45.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)         12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Attus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)         12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Attus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)         12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Attus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor					
Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       \$45.00         Altus, OK 73521       Employer (See Instructions)       Employer (See Instructions)         Owner/Operator       Self       \$11/15/2024       Amount of Contributor (\$)         Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$195.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       \$195.00		Altus, OK 73521			
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       Altus, OK 73521         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       Self         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2024       Full name of contributor       out-of-state PAC (ID#:)         Massey, Daniel       Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Coppell, TX 75019       Employer (See Instructions)       \$195.00         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       \$45.00         Altus, OK 73521       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Other       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$195.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Other       Full name of contributor       out-of-state PAC (ID#:)         Advise of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Coppell, TX 75019       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Owner/Operation	ator	self		
12/23/2024       Martin, Kevin       \$45.00         Contributor address; City; State; Zip Code       \$45.00         Altus, OK 73521       Employer (See Instructions)         Owner/Operator       Employer (See Instructions)         Other       out-of-state PAC (ID#:)         Amount of Contribution (\$)       \$195.00         Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Principal occupation / Job title (See Instructions)       Amount of Contribution (\$)         Other       Full name of contributor       out-of-state PAC (ID#:)         Advise of Contributor address; City; State; Zip Code       Amount of Contribution (\$)         Coppell, TX 75019       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)	Date	Full name of contributor	)	Amount of Contribution (\$)	
Contributor address; City; State; Zip Code         Altus, OK 73521         Principal occupation / Job title (See Instructions)         Owner/Operator         Date         Full name of contributor out-of-state PAC (ID#:)         Massey, Daniel         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Contributor address; City; State; Zip Code         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Principal occupation / Job title (See Instructions)         Employer (See Instructions)         Employer (See Instructions)			)		\$45.00
Altus, OK 73521         Principal occupation / Job title (See Instructions) Owner/Operator       Employer (See Instructions) self         Date       Full name of contributor       out-of-state PAC (ID#:)         11/15/2024       Massey, Daniel       Amount of Contribution (\$)         Contributor address; City; State; Zip Code       full name of contributor       full name of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       full name of Contributor (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       full name of Contribution (\$)	12/23/2024				Φ43.00
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Massey, Daniel       \$195.00         Contributor address; City; State; Zip Code       Coppell, TX 75019       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Owner/Operator       self         Date       Full name of contributor out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Massey, Daniel       \$195.00         Contributor address; City; State; Zip Code       Coppell, TX 75019       Employer (See Instructions)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)					
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       11/15/2024     Massey, Daniel     \$195.00       Contributor address; City; State; Zip Code     Contributor address; City; State; Zip Code     \$195.00       Coppell, TX 75019     Employer (See Instructions)     Employer (See Instructions)		Altus, OK 73521			
Owner/Operator     self       Date     Full name of contributor     out-of-state PAC (ID#:)     Amount of Contribution (\$)       11/15/2024     Massey, Daniel     \$195.00       Contributor address; City; State; Zip Code     Contributor address; City; State; Zip Code     \$195.00       Coppell, TX 75019     Employer (See Instructions)     Employer (See Instructions)	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
Date       Full name of contributor       out-of-state PAC (ID#:)       Amount of Contribution (\$)         11/15/2024       Massey, Daniel       \$195.00         Contributor address; City; State; Zip Code       Coppell, TX 75019         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				,	
11/15/2024       Massey, Daniel       \$195.00         Contributor address; City; State; Zip Code       Coppell, TX 75019         Principal occupation / Job title (See Instructions)       Employer (See Instructions)				Amount of Questility (d)	
Contributor address; City; State; Zip Code Coppell, TX 75019 Principal occupation / Job title (See Instructions) Employer (See Instructions)			)	Amount of Contribution (\$)	<b>#405 00</b>
Coppell, TX 75019       Principal occupation / Job title (See Instructions)       Employer (See Instructions)	11/15/2024	Massey, Daniei			\$195.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
		Coppell, TX 75019			
Owner/Operator self	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Owner/Opera	ator	self		
			1		

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The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 33/53 Rpt: 36/61		
2	FILER NAME			3	<b>3</b> Filer ID (Ethics Commission Filers)		
		Texas McDonald's Operators Association PAC, Inc.			00066524	,	
4	Date			7	Amount of Contribution (\$)		
	12/24/2024	24/2024 Massey, Daniel				\$195.00	
		6 Contributor address; City; State; Zip Code		]			
		Coppell, TX 75019					
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)			
	Owner/Oper	Owner/Operator self					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	11/15/2024					\$105.00	
		Contributor address; City; State; Zip Code					
		Coppell, TX 75019					
		upation / Job title (See Instructions)	Employer (See Instructions	s)			
	Owner/Operator self		self	_			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)		
	12/24/2024 Massey, William				\$105.00		
	Contributor address; City; State; Zip Code						
		Coppell, TX 75019					
$\vdash$	Principal occupation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u> ج)			
	Owner/Oper		self	.,			
⊨	Date		)	Г	Amount of Contribution (\$)		
	Date     Full name of contributor     out-of-state PAC (ID#:		/			\$125.00	
				1		* <b>-</b> -	
		San Antonio, TX 78257					
	Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions self				
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)		
	12/26/2024	Mazzu, Kevin	Mazzu, Kevin			\$125.00	
	Contributor address; City; State; Zip Code			1			
	<b>D</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	San Antonio, TX 78257					
	Principal occupation / Job title (See Instructions) Owner/Operator		Employer (See Instructions	S)			
	Owner/Oper	ator	self				

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 34/53 Rpt: 37/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
11/19/2024	McKinney, Steve		\$255.00
	6 Contributor address; City; State; Zip Code		1
	Magnolia, TX 77354		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Owner/Opera		self	
Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Amount of Contribution (\$)
12/30/2024	McKinney, Steve	/	\$255.00
12/00/202			
	Contributor address, City, State, Zip Code		
	Magnolia, TX 77354		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)
Owner/Opera		self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/16/2024	McKinney, Steve		\$175.00
	Contributor address; City; State; Zip Code		
	Tomball, TX 77373		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024	McKinney, Steve		\$175.00
	Contributor address; City; State; Zip Code		1
	Tomball, TX 77373		
	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	Mendoza, Frank		\$200.00
	Contributor address; City; State; Zip Code		1
	Del Rio, TX 78840	T	<u> </u>
-	ipation / Job title (See Instructions)	Employer (See Instructions	3)
Owner/Opera	ator	self	

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 35/53 Rpt: 38/61	
2 FILER NAME			3 Filer ID (Ethics Commission Fil	lers)
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)	
12/26/2024	Mendoza, Frank		\$	200.00
	6 Contributor address; City; State; Zip Code			
	Del Rio, TX 78840			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)	
Owner/Oper	ator	self		
Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)	
11/19/2024	Moore, Carla	)		\$90.00
				+00.00
	Contributor address, City, State, Zip Code			
	Houston, TX 77092			
Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	:)	
Owner/Oper		self	,	
Date		)	Amount of Contribution (\$)	
12/30/2024	Full name of contributor out-of-state PAC (ID#: Moore, Carla	)		\$90.00
12/30/2024				φ90.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) )	
Owner/Oper		self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	<b>#00.00</b>
11/19/2024	Moore, Kevin			\$90.00
	Contributor address; City; State; Zip Code			
	Houston, TX 77092			
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	l ;)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/30/2024	Moore, Kevin	)		\$90.00
12,00,2021	Contributor address; City; State; Zip Code			<i><b>400.00</b></i>
	Contributor address, City, State, Zip Code			
	Houston, TX 77092			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	I ;)	
Owner/Oper		self	,	
		1		

The Instruction Guide explains how to	o complete this for	rm.	1 Total pages Schedule A1: Sch: 36/53 Rpt: 39/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Texas McDonald's Operators Association PA	AC, Inc.		00066524
4 Date 5 Full name of contributor	out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
12/16/2024 Moore, Kevin			\$50.00
6 Contributor address; City; State			
Houston, TX 77092			
8 Principal occupation / Job title (See Instructions)	9	Employer (See Instructions)	)
Owner/Operator		self	
Date Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024 Moore, Kevin			\$50.00
Contributor address; City; State	2. Zin Code		
	5, Zip Couc		
Houston, TX 77092			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	)
Owner/Operator		self	,
· ·	1		
— — — — — — — — — — — — — — — — — — —	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/19/2024 Moss, Daniel			\$30.00
Contributor address; City; State	e; Zip Code		
Ctofford TV 77477			
Stafford, TX 77477	i		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	)
Owner/Operator		self	
Date Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/30/2024 Moss, Daniel			\$30.00
Contributor address; City; State			
Stafford, TX 77477			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	)
Owner/Operator		self	
Date Full name of contributor	out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/19/2024 Moss, Dave			\$30.00
Contributor address; City; State	e; Zip Code		
Stafford, TX 77477			
Stafford, TX 77477 Principal occupation / Job title (See Instructions)		Employer (See Instructions)	)
		Employer (See Instructions) self	)
Principal occupation / Job title (See Instructions)			)

The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 37/53 Rpt: 40/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/30/2024	Moss, Dave		\$30.00
	6 Contributor address; City; State; Zip Code		1
	Stafford, TX 77477		
	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/19/2024	Munroe, Sam		\$225.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77098		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/30/2024	Munroe, Sam		\$225.00
	Contributor address; City; State; Zip Code		1
	Houston, TX 77098		
•	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/15/2024	O'Reilly, Chuck		\$315.00
	Contributor address; City; State; Zip Code		1
	Plano, TX 75023		
	upation / Job title (See Instructions)	Employer (See Instructions	5)
Owner/Oper	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/24/2024	O'Reilly, Chuck		\$315.00
	Contributor address; City; State; Zip Code		1
	Plano, TX 75023	i	
	upation / Job title (See Instructions)	Employer (See Instructions	\$)
Owner/Oper	ator	self	

SCHEDULE	A1
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The Instruc	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 38/53 Rpt: 41/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	nald's Operators Association PAC, Inc.		00066524
	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/16/2024	Oquin, Anna		\$375.00
	6 Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
	pation / Job title (See Instructions)	9 Employer (See Instructions	.)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/26/2024	Oquin, Anna		\$375.00
	Contributor address; City; State; Zip Code		
	Brownsville, TX 78520		
	pation / Job title (See Instructions)	Employer (See Instructions	;)
Owner/Opera	ator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/16/2024	Pacheco, Elena		\$25.00
	Contributor address; City; State; Zip Code		
Dringing occur	Del Rio, TX 78840 pation / Job title (See Instructions)	Employer (See Instructions	
Owner/Opera		Employer (See Instructions self	<i>i</i> )
		<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/26/2024	Pacheco, Elena		\$25.00
	Contributor address; City; State; Zip Code		
	Del Rio, TX 78840		
I Principal occur	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ۱
Owner/Opera		self	<i>v</i>
Date		l	Amount of Contribution (\$)
12/16/2024	Full name of contributor out-of-state PAC (ID#: Pacheco, Manuel	)	\$25.00
12/10/2023	Contributor address; City; State; Zip Code		÷_0.00
	Continuation dudiess, City, State, Lip Code		
	Del Rio, TX 78840		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)
Owner/Opera		self	, ,

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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 39/53 Rpt: 42/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
[		nald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/26/2024	Pacheco, Manuel				\$25.00
		6 Contributor address; City; State; Zip Code				
		Del Rio, TX 78840				
8	Principal occu		9 Employer (See Instructions	<u> </u>		
	Owner/Oper		self	-)		
╞	Date		)	T	Amount of Contribution (\$)	
	11/19/2024	Perez, Carrie	)			\$75.00
	11/10/2024					¢10.00
		Contributor address, City, State, Zip Code				
		Friendswood, TX 77546				
⊢	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Owner/Oper		self			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	12/30/2024	Perez, Carrie	)			\$75.00
		Contributor address; City; State; Zip Code		·		
		Friendswood, TX 77546				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	1	Amount of Contribution (\$)	
	11/19/2024	Quijano, Nelly				\$270.00
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77505				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/30/2024	Quijano, Nelly				\$270.00
		Contributor address; City; State; Zip Code				
		Pasadena, TX 77505				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
I I						

The Instru	ction Guide explains how to complete this f	form.	1 Total pages Schedule A1: Sch: 40/53 Rpt: 43/61	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	
	onald's Operators Association PAC, Inc.		00066524	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
12/16/2024	Raabe, Dale		\$250.	.00
	6 Contributor address; City; State; Zip Code			
	Kingsville, TX 78364	_		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
12/26/2024	Raabe, Dale		\$250.	.00
	Contributor address; City; State; Zip Code			
	Kingsville, TX 78364			
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	·)	Amount of Contribution (\$)	
11/21/2024	Robillard, Rick		\$135.	.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407			
	ipation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/23/2024	Robillard, Rick		\$135.	.00
	Contributor address; City; State; Zip Code			
	Lubbock, TX 79407	i		
-	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Oper	ator	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
12/16/2024	Rodriguez, Carlos		\$125.	.00
	Contributor address; City; State; Zip Code			
	San Antonio, TX 78248			
	pation / Job title (See Instructions)	Employer (See Instructions	5)	
Owner/Oper	ator	self		

SCHEDULE	A1
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<ul> <li>The Instruction Guide explains how to complete this form.</li> <li>FILER NAME Texas McDonald's Operators Association PAC, Inc.</li> </ul>	1 Total pages Schedule A1: Sch: 41/53 Rpt: 44/61
Texas McDonald's Operators Association PAC, Inc.	
	3 Filer ID (Ethics Commission Filers)
	00066524
4 Date 5 Full name of contributor out-of-state PAC (ID#:	) 7 Amount of Contribution (\$)
12/26/2024 Rodriguez, Carlos	\$125.00
6 Contributor address; City; State; Zip Code	
San Antonio, TX 78248	
	yer (See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
11/15/2024 Roetzel, Pat	\$60.00
Contributor address; City; State; Zip Code	
Mansfield, TX 76093	
	yer (See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/24/2024 Roetzel, Pat	\$60.00
Contributor address; City; State; Zip Code	
Mansfield, TX 76093	
	yer (See Instructions)
Owner/Operator self	
Date Full name of contributor out-of-state PAC (ID#:	) Amount of Contribution (\$)
12/16/2024 Ross III, Winston	\$375.00
Contributor address; City; State; Zip Code	
Austin, TX 78755	
Principal occupation / Job title (See Instructions) Employ	yer (See Instructions)
	yer (See Instructions)
Principal occupation / Job title (See Instructions) Employ	yer (See Instructions)) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions) Employ Owner/Operator self	
Principal occupation / Job title (See Instructions)     Employ       Owner/Operator     self       Date     Full name of contributor	) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employ         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:	) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employ         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:	) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employ         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:	) Amount of Contribution (\$)
Principal occupation / Job title (See Instructions)       Employ         Owner/Operator       self         Date       Full name of contributor       out-of-state PAC (ID#:	) Amount of Contribution (\$)

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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 42/53 Rpt: 45/61	
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)	)
		onald's Operators Association PAC, Inc.		00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
	12/16/2024	Ross Jr., Winston		\$50	0.00
		6 Contributor address; City; State; Zip Code			
		Austin, TX 78755			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)	
	Owner/Oper	ator	self		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/26/2024	Ross Jr., Winston		\$50	0.00
		Contributor address; City; State; Zip Code			
		Austin, TX 78755			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Owner/Oper	ator	self		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/16/2024	Salazar, Maria		\$25	5.00
		Contributor address; City; State; Zip Code			
		San Antonio, TX 78216			
	•	pation / Job title (See Instructions)	Employer (See Instructions	s)	
	Owner/Oper	ator	self		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/26/2024	Salazar, Maria		\$25	5.00
		Contributor address; City; State; Zip Code			
⊢	<u> </u>	San Antonio, TX 78216			
		pation / Job title (See Instructions)	Employer (See Instructions	5)	
	Owner/Oper		self		
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
	12/16/2024	Salazar Jr., Jose		\$100	0.00
		Contributor address; City; State; Zip Code			
		San Antonia TV 79216			
┡	Drinoinal accord	San Antonio, TX 78216	Employor (Coo Instructions		
	Owner/Oper	pation / Job title (See Instructions)	Employer (See Instructions self		
⊢	Owner/Oper		3CII		
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SCHEDULE	A1
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1       Total pages Schedule A1: Sch: 43/53 Rpt: 46/61         3       Filer ID (Ethics Commission Filers) 00066524        )       7         Amount of Contribution (\$)         \$100.00
<ul> <li>3 Filer ID (Ethics Commission Filers) 00066524</li> <li>7 Amount of Contribution (\$)</li> </ul>
00066524) 7 Amount of Contribution (\$)
See Instructions)
) Amount of Contribution (\$)
\$45.00
See Instructions)
) Amount of Contribution (\$)
, , who all of contribution (¢) \$45.00
······
See Instructions)
) Amount of Contribution (\$)
\$75.00
See Instructions)
See Instructions)
) Amount of Contribution (\$)
) Amount of Contribution (\$)
(

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 44/53 Rpt: 47/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/30/2024	Schuster, Troy		\$60.0
	6 Contributor address; City; State; Zip Code		
	Luffin TV 75001		
Dringingloccu	Lufkin, TX 75901	Employer (See Instructions	A
8 Principal occu Owner/Oper	ipation / Job title (See Instructions)	9 Employer (See Instructions) self	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/19/2024			\$60.0
	Contributor address; City; State; Zip Code		
	Lufkin, TX 75901		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper		self	)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/16/2024	Shields, Veronica		\$50.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78246		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper		self	)
Date			Amount of Contribution (\$)
Dale 12/26/2024	Full name of contributor out-of-state PAC (ID#: Shields, Veronica	)	Amount of Contribution (\$) \$50.0
			<b>\$</b> 00.0
	Contributor address; City; State; Zip Code		
	San Antonio, TX 78246		
Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	2)
Owner/Oper	ator	self	
Date	Full name of contributor Out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
11/19/2024	Smith, Hazel		\$90.0
	Contributor address; City; State; Zip Code		
	Houston, TX 77004		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	)
Owner/Oper	ator	self	

	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 45/53 Rpt: 48/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
[		nald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
	12/30/2024	Smith, Hazel		\$90.00
		6 Contributor address; City; State; Zip Code		
		Houston, TX 77004		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/16/2024	Smith, Jeanie	· · · · · · · · · · · · · · · · · · ·	\$200.00
	12/10/2021			+200.00
		Contributor address, City, State, Zip Code		
		Dobbin, TX 77333		
⊢	Dringing age		Employer (Cap Instructions	
	•	pation / Job title (See Instructions)	Employer (See Instructions self	5)
	Owner/Oper		Sell	
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	12/26/2024	Smith, Jeanie		\$200.00
		Contributor address; City; State; Zip Code		]
		Dobbin, TX 77333		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	11/15/2024	Smith, Jeff		\$45.00
		Contributor address; City; State; Zip Code		
		DeSoto, TX 75115		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	
⊨	Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	12/24/2024	Smith, Jeff	)	\$45.00
	12/24/2024			φ+3.00
		Contributor address; City; State; Zip Code		
		DeSote TX 75115		
⊢	Drincipal	DeSoto, TX 75115	Employer (Cas Instruct	
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ລເບເ	self	
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The Instruc	tion Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 46/53 Rpt: 49/61	
2 FILER NAME			3 Filer ID (Ethics Commission I	Filers)
	nald's Operators Association PAC, Inc.		00066524	,
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
11/21/2024	Snowberger, Chris			\$25.00
ľ	6 Contributor address; City; State; Zip Code			
	Clovis, NM 88102			
8 Principal occup	bation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
Owner/Opera		self	<i>"</i>	
Date	Full name of contributor Out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/23/2024	Snowberger, Chris	/		\$25.00
				¢20.00
	Contributor address, City, State, Zip Code			
	Clovis, NM 88102			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	;)	
Owner/Opera	tor	self		
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)	
11/21/2024	Snowberger, Robyn			\$25.00
	Contributor address; City; State; Zip Code			
	Clovis, NM 88102			
	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Owner/Opera	tor	self		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
12/23/2024	Snowberger, Robyn			\$25.00
ľ	Contributor address; City; State; Zip Code			
Dringing agoun	Clovis, NM 88102	Employer (Cap Instructions	<u> </u>	
Owner/Opera	ation / Job title (See Instructions)	Employer (See Instructions self	<i>b</i> )	
		301		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	¢105.00
11/19/2024	Soudagar, Sarem			\$195.00
	Contributor address; City; State; Zip Code			
	Spring, TX 77379			
Principal occur	bation / Job title (See Instructions)	Employer (See Instructions		
Owner/Opera		self	7	
		-		
1				

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	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 47/53 Rpt: 50/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
ľ		onald's Operators Association PAC, Inc.			00066524	11 11013)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/30/2024	Soudagar, Sarem				\$195.00
		6 Contributor address; City; State; Zip Code				
		Spring, TX 77379				
8	Principal occu		9 Employer (See Instructions	<u> </u> s)		
ľ	Owner/Oper		self	-,		
⊨	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/19/2024	Spann, Warren				\$90.00
		Contributor address; City; State; Zip Code				
		Sugar Land, TX 77479				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/30/2024	Spann, Warren				\$90.00
		Contributor address; City; State; Zip Code		1		
		Sugar Land, TX 77479				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/16/2024	Stagg, Fabiola				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78230				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/26/2024	Stagg, Fabiola				\$100.00
		Contributor address; City; State; Zip Code				
		San Antonio, TX 78230				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			

SCHEDULE	A1
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	The Instru	iction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 48/53 Rpt: 51/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Texas McDc	onald's Operators Association PAC, Inc.			00066524	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	12/16/2024	Stagg, Nedrick	ļ			\$725.00
		6 Contributor address; City; State; Zip Code		1		
			ļ			
		San Antonio, TX 78230				
8	Principal occı	upation / Job title (See Instructions)	9 Employer (See Instructions	⊥ s)		
	Owner/Oper		self	,		
—	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	12/26/2024	Stagg, Nedrick				\$725.00
	<b>-</b>			$\left  \right $		
			ļ			
			ļ			
		San Antonio, TX 78230				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ī	Amount of Contribution (\$)	
	11/21/2024	Story, Bill				\$25.00
		Contributor address; City; State; Zip Code	1	1		
			ļ			
			ļ			
┝		El Paso, TX 79925	Tarlever (See Instructions	<u> </u>		
	Owner/Oper	upation / Job title (See Instructions) rator	Employer (See Instructions self	3)		
╞				<del>—</del>	t	
	Date 12/23/2024	Full name of contributor out-of-state PAC (ID#: Story, Bill	)		Amount of Contribution (\$)	\$25.00
	1212312024	-				<b>ΦΖΟ.</b> ΟΟ
		Contributor address; City; State; Zip Code				
		El Paso, TX 79925				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/16/2024	Straza, Jamie				\$200.00
		Contributor address; City; State; Zip Code		1		
L		Austin, TX 78704	1			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner/Oper	ator	self			
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 49/53 Rpt: 52/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
		onald's Operators Association PAC, Inc.			00066524	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	12/26/2024	Straza, Jamie				\$200.00
		6 Contributor address; City; State; Zip Code		"		
		Austin, TX 78704				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> s)		
	Owner/Oper		self	-,		
	Date	Full name of contributor Out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	11/21/2024	Vargas, Hugo	)			\$100.00
		Contributor address; City; State; Zip Code		·		
		Lubbock, TX 79424				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	12/23/2024	Vargas, Hugo				\$100.00
		Contributor address; City; State; Zip Code		·		
		• •				
		Lubbock, TX 79424				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Oper	ator	self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/21/2024	Varghese, Denny				\$25.00
		Contributor address; City; State; Zip Code		1		
		Childroop TX 70201				
	Dringing ogg	Childress, TX 79201 pation / Job title (See Instructions)	Employer (See Instructions			
	Owner/Oper		self	5)		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢25.00
	12/23/2024	Varghese, Denny				\$25.00
		Contributor address; City; State; Zip Code				
		Childress, TX 79201				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	 S)		
	Owner/Oper		self	-,		
-	<u> </u>		_			

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 50/53 Rpt: 53/61
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
	onald's Operators Association PAC, Inc.		00066524
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
12/16/2024	<b>J</b>		\$150.00
	6 Contributor address; City; State; Zip Code		
	Austin, TX 78750		
	upation / Job title (See Instructions)	9 Employer (See Instructions	
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/26/2024	Washington, Martin		\$150.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78750		
	upation / Job title (See Instructions)	Employer (See Instructions	
Owner/Oper	rator	self	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
12/16/2024	Wezeman, Robert		\$175.00
	Contributor address; City; State; Zip Code		
	McQueeney, TX 78123		
Owner/Ope	upation / Job title (See Instructions)	Employer (See Instructions self	5)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/26/2024	Wezeman, Robert		\$175.00
	Contributor address; City; State; Zip Code		
	McQueeney, TX 78123		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	() ()
Owner/Oper		self	
			Amount of Constribution (ft)
Date 11/21/2024	Full name of contributor out-of-state PAC (ID#: Whealy, David	)	Amount of Contribution (\$) \$75.00
11/21/2024	-		φ73.00
	Contributor address; City; State; Zip Code		
	Breckenridge, TX 79424		
Principal occi	upation / Job title (See Instructions)	Employer (See Instructions	l;)
Owner/Oper		self	·
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	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 51/53 Rpt: 54/61
2	FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
		nald's Operators Association PAC, Inc.		00066524
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
	12/23/2024	Whealy, David		\$75.00
		6 Contributor address; City; State; Zip Code		
		Breckenridge, TX 79424		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
	Owner/Oper	ator	self	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/19/2024	Whitaker, Billy		\$45.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77098		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
	Owner/Oper	ator	self	
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/30/2024	Whitaker, Billy		\$45.00
		Contributor address; City; State; Zip Code		
		Houston, TX 77098		
		pation / Job title (See Instructions)	Employer (See Instructions	3)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	11/21/2024	Wilson, Eric		\$175.00
		Contributor address; City; State; Zip Code		
		San Angelo, TX 76903		
		pation / Job title (See Instructions)	Employer (See Instructions	6)
	Owner/Oper	ator	self	
	Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
	12/23/2024	Wilson, Eric		\$175.00
		Contributor address; City; State; Zip Code		
		San Angelo, TX 76903		
		pation / Job title (See Instructions)	Employer (See Instructions	5)
	Owner/Oper	ator	self	

	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 52/53 Rpt: 55/61	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
-		onald's Operators Association PAC, Inc.			00066524	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	11/15/2024	York, Craig				\$210.00
		6 Contributor address; City; State; Zip Code		1		
		Dallas, TX 75238				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Owner/Operation	ator	self			
╞	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/24/2024	York, Craig				\$210.00
		Contributor address; City; State; Zip Code		1		
		Dallas, TX 75238				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Operation	ator	self			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/15/2024	Young, Lynann				\$45.00
		Contributor address; City; State; Zip Code		·		
		Flint, TX 75762				
		upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Operation	ator	self			
Γ	Date	Full name of contributor out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)	
	12/24/2024	Young, Lynann				\$45.00
		Contributor address; City; State; Zip Code		1		
		Flint, TX 75762				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Operation	ator	self			
╞	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/15/2024	Young, William			• •	\$15.00
		Contributor address; City; State; Zip Code		·		
		Flint, TX 75762				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	s)		
	Owner/Operation	ator	self			

MONETA	RY POLITICAL CONTRIBUTIO	ONS	SCHEDULE A1
The Instruction	on Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 53/53 Rpt: 56/61
2 FILER NAME Texas McDonal	ld's Operators Association PAC, Inc.		<b>3</b> Filer ID (Ethics Commission Filers) 00066524
12/24/2024			7 Amount of Contribution (\$) \$15.00
Dringinglaggyupati	Flint, TX 75762	<b>6</b> Employer (See Instructions	N
8 Principal occupati Owner/Operator		9 Employer (See Instructions self	)

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Gift/Awards/Memorials Expense Printing	payment/Reimbursement     Solicitation/Fundraising Expense       verhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel in District       Expense     Travel Out of District       Wages/Contract Labor     OTHER (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
Sch: 1/4 Rpt: 57/61	Texas McDonald's Operators Association PA	C, Inc. 00066524				
4 Date	5 Payee name					
11/08/2024	Carriage House Partners					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$5,000.00	1111 Guadalupe St					
Expenditure from corporate funds	Austin, TX 78701					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense consulting services				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	I Candidate/Officeholder name Office so H	ught Office held				
Date	Payee name					
12/08/2024	Carriage House Partners					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$5,000.00	1111 Guadalupe St					
Expenditure from corporate funds	Austin, TX 78701					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITORE		Check if Austin, TX, officeholder living expense				
		consulting services				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held				
expenditure to benefit C/OI		ught Once neu				
Date	Payee name					
11/15/2024	Dan Jefferson Tax and Financial Consulting					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$150.00	400 S Zang Blvd					
	Ste 620					
Expenditure from corporate funds	Dallas, TX 75208					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Accounting/Banking	Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Accounting fees				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught Office held				

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense         Loan Repayment/Reimbursement         Solicitation/Fundraising Expense           Fees         Office Overhead/Rental Expense         Transportation Equipment & Related Expense           Food//Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 2/4 Rpt: 58/61	Texas McDonald's Operators Association PAC, Inc. 00066524					
4 Date	5 Payee name					
12/15/2024	Dan Jefferson Tax and Financial Consulting					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$150.00	400 S Zang Blvd					
Expenditure from	Ste 620					
corporate funds	Dallas, TX 75208					
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul> </li> </ul>					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/09/2024	Intuit					
Amount (\$)	Payee address; City; State; Zip Code					
\$95.94	2535 Garcia Lane					
Expenditure from corporate funds	Mountain View, CA 94043					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description         <ul> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>QuickBooks online monthly fee</li> </ul> </li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/09/2024	Intuit					
Amount (\$)	Payee address; City; State; Zip Code					
\$143.89	2535 Garcia Lane					
Expenditure from corporate funds	Mountain View, CA 94043					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Fees</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>QuickBooks online monthly fee</li> </ul>					
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking 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: 3/4 Rpt: 59/61	Texas McDonald's Operators Association PAC, Inc. 00066524					
4 Date	5 Payee name					
10/28/2024	Robert Nichols Campaign					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,000.00	P.O. Box 2347					
Expenditure from corporate funds	Jacksonville, TX 75766					
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					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
11/15/2024	Sue Elkins CPA					
Amount (\$)	Payee address; City; State; Zip Code					
\$150.00	6400 N Santa Fe Ave					
Expenditure from corporate funds	Ste A Oklahoma City, OK 73116					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul>					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held					
Date	Payee name					
12/15/2024	Sue Elkins CPA					
Amount (\$)	Payee address; City; State; Zip Code					
\$150.00	6400 N Santa Fe Ave					
Expenditure from corporate funds	Ste A Oklahoma City, OK 73116					
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Accounting/Banking</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Accounting fees</li> </ul>					
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held					

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Dverhead/Rental Expense Expense J Expense s/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: 4/4 Rpt: 60/61	Texas McDonald's Operators Association P	C, Inc.	00066524			
4 Date	5 Payee name					
11/15/2024	Watts, Kimberly					
6 Amount (\$)	7 Payee address; City; State; Zip	Code				
\$600.00	1412 Berne Lane					
Expenditure from corporate funds	Lewisville, TX 75067					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. K, officeholder living expense ed			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s H	ought	Office held			
Date	Payee name					
12/15/2024	Watts, Kimberly					
Amount (\$)	Payee address; City; State; Zip	Code				
\$600.00	1412 Berne Lane					
Expenditure from corporate funds	Lewisville, TX 75067	_				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		side of Texas. Complete Schedule T. K, officeholder living expense ed			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office s H	ought	Office held			

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.       Sch: 1/1 Rpt: 61/61	
2 FILER NAME 3 Filer ID (Ethics Commission	ion Filers)
Texas McDonald's Operators Association PAC, Inc. 00066524	
4 Date5 Name of person from whom amount is received8 Amount (\$)	
11/06/2024 Morgan LaMantia Campaign	\$1,000.00
6 Address of person from whom amount is received; City; State; Zip Code	
Brownsville, TX 78520	
7 Purpose for which amount is received Check if political contribution returned to	iler
check was reported on 8-day report but was not mailed	