

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

<p>The GPAC Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers) 0016852</p>	<p>2 Total pages filed: <i>Including 11 affidavits</i></p>
<p>3 COMMITTEE NAME THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</p>		<p>OFFICE USE ONLY</p>	
<p>4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address</p>		<p>Date Received RECEIVED JAN 24 2025 Texas Ethics Commission</p>	
<p>5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI KANDICE E NICKNAME LAST SUFFIX KANDI POTTEET</p>		<p>Date Hand-delivered or Date Postmarked postmarked 1/14/25</p> <p>Receipt # Amount \$</p> <p>Date Processed 1/24/25</p> <p>Date Imaged</p>	
<p>6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)</p>		<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 943 ROCK CANYON DR. DUNCANVILLE, TX 75137</p>	
<p>7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>		<p>STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 765098 DALLAS, TX 75376-5098</p>	
<p>8 CAMPAIGN TREASURER PHONE</p>		<p>AREA CODE PHONE NUMBER EXTENSION (214) 537-5330</p>	
<p>9 REPORT TYPE</p>		<p><input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff</p>	
<p>10 PERIOD COVERED</p>		<p>Month Day Year Month Day Year 07 / 01 / 2024 THROUGH 12 / 31 / 2024</p>	
<p>11 ELECTION</p>		<p>ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____</p>	

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

12 COMMITTEE NAME <u>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</u>		13 Filer ID (Ethics Commission Filers) <u>0016852</u>
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported 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.)	<u>GOVERNOR ABBOTT; AG COMMISSIONER MILLER; SENATOR CHARLES PERRY; REP A.J. LOUDERBACK; REP STAN GERDES; REP CAROLINE FAIRLY</u>
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>450.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6000.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>821.86</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kandice E. Poteet
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KANDICE E. POTEET, and my date of birth is _____

My address is 943 ROCK CANYON DRIVE, DUNCANVILLE TX, 75137 USA
(street) (city) (state) (zip code) (country)

Executed in DALLAS County, State of TEXAS, on the 14 day of JANUARY, 2025
(month) (year)

Kandice E. Poteet
Signature of Campaign Treasurer (Declarant)

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

17 COMMITTEE NAME <i>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</i>		18 Filer ID (Ethics Commission Filers) <i>0016852</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>450.00</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
7. <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
9. <input type="checkbox"/> SCHEDULE E: LOANS		\$
10. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>6000.00</i>
11. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
13. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
15. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <i>.25</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND		3 Filer ID (Ethics Commission Filers) 0016852
4 Date 12/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEALL STEPHAN EN	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code [REDACTED] PLANO, TX 75025		
8 Principal occupation / Job title (See Instructions) COTTON MERCHANT		9 Employer (See Instructions) OMNICOFFICE, INC., RICHARDSON, TX
Date 12/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAM DURHAM	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79424		
Principal occupation / Job title (See Instructions) COTTON MERCHANT		Employer (See Instructions) LUBBOCK, TX ARCHER DANIELS MIDLAND
Date 12/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADY RAINOL	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79464		
Principal occupation / Job title (See Instructions) COTTON TRADER		Employer (See Instructions) ECONUSA, LLC, LUBBOCK, TX
Date 12/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAY RAGSDALE	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] MOODY, TX 76557		
Principal occupation / Job title (See Instructions) COTTON MERCHANT		Employer (See Instructions) MERTEX, MOODY, TX

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME THE TEXAS COTTON ASSOCIATION COTTON MERCHANT FUND		3 Filer ID (Ethics Commission Filers) 0016852
4 Date 12/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN VINSON	7 Amount of contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code [REDACTED] LUBBOCK, TX 79423	
8 Principal occupation / Job title (See Instructions) COTTON TRADER		9 Employer (See Instructions) ECOM USA, LLC, LUBBOCK, TX
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</u>	3 Filer ID (Ethics Commission Filers) <u>0016852</u>
4 Date <u>12/9/24</u>	5 Payee name <u>TEXANS FOR GREG ABBOTT</u>	
6 Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; <u>P.O. BOX 12428</u>	City; State; Zip Code <u>AUSTIN TX 78711</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION/DONATIONS MADE BY POLITICAL COMMITTEE</u>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>GREG ABBOTT</u>	Office sought <u>GOVERNOR</u>
Date <u>12/9/24</u>	Payee name <u>MILLER FOR TEXAS</u>	
Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; <u>6407 S. US HWY 377</u>	City; State; Zip Code <u>STEPHENVILLE, TX 76401</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION/DONATIONS MADE BY POLITICAL COMMITTEE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>SID MILLER</u>	Office held <u>AG COMMISSIONER</u>
Date <u>12/9/24</u>	Payee name <u>CHARLES PERRY CAMPAIGN</u>	
Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; <u>P.O. BOX 94806</u>	City; State; Zip Code <u>LUBBOCK TX 79493</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION/DONATIONS MADE BY POLITICAL COMMITTEE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CHARLES PERRY</u>	Office held <u>SENATOR</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</u>	3 Filer ID (Ethics Commission Filers) <u>0016852</u>
4 Date <u>12/9/24</u>	5 Payee name <u>A. J. LOUDERBACK</u>	
6 Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; <u>P.O. BOX 1792</u>	City; State; Zip Code <u>VICTORIA TX 77902</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONTRIBUTIONS/DONATIONS MADE BY POLITICAL COMMITTEE</u>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>A. J. LOUDERBACK</u>	Office sought Office held <u>REPRESENTATIVE</u>
Date <u>12/9/24</u>	Payee name <u>STAN GERDES STATE REP</u>	
Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; <u>P.O. BOX 1060</u>	City; State; Zip Code <u>SMITHVILLE TX 78957</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTIONS/DONATIONS MADE BY POLITICAL COMMITTEE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>STAN GERDES</u>	Office sought Office held <u>REPRESENTATIVE</u>
Date <u>12/9/24</u>	Payee name <u>CAROLINE FAIRLY FOR TEXAS</u>	
Amount (\$) <u>1,000.00</u> <input type="checkbox"/> Expenditure from corporate funds	Payee address; <u>P.O. BOX 20445</u>	City; State; Zip Code <u>AMARILLO TX 79114</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTIONS/DONATIONS MADE BY POLITICAL COMMITTEE</u>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>CAROLINE FAIRLY</u>	Office sought Office held <u>REPRESENTATIVE</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>THE TEXAS COTTON ASSOCIATION</u>	3 Filer ID (Ethics Commission Filers) <u>0016852</u>
4 Date <u>12/19/24</u>	5 Payee name <u>BANK OF AMERICA, NA.</u>	
6 Amount (\$) <u>\$81.45</u> <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; <u>POB 25118</u>	City; State; Zip Code <u>TAMPA FL 33622-5118</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ACCOUNTING/BANKING</u>	(b) Description <u>CHECK RE-ORDER</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name		
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 2
2 FILER NAME THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND		3 Filer ID (Ethics Commission Filers) 0016852
4 Date 7/31/24	5 Name of person from whom amount is received BANK OF AMERICA, N.A.	8 Amount (\$) .05
	6 Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAMPA, FL 33622-5118	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank interest		
Date 8/31/24	Name of person from whom amount is received BANK OF AMERICA, N.A.	Amount (\$) .05
	Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAMPA, FL 33622-5118	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank interest		
Date 9/30/24	Name of person from whom amount is received BANK OF AMERICA, N.A.	Amount (\$) .05
	Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAMPA, FL 33622-5118	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank interest		
Date 10/31/24	Name of person from whom amount is received BANK OF AMERICA, N.A.	Amount (\$) .05
	Address of person from whom amount is received; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAMPA, FL 33622-5118	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer bank interest		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 2
2 FILER NAME <i>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</i>		3 Filer ID (Ethics Commission Filers) <i>0016852</i>
4 Date <i>11/30/24</i>	5 Name of person from whom amount is received <i>BANK OF AMERICA, N.A.</i>	8 Amount (\$) <i>.05</i>
	6 Address of person from whom amount is received; City; State; Zip Code <i>[REDACTED] TAMPA, FL 33622-5110</i>	
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <i>bank interest</i>		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a campaign treasurer of a political committee that has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <u>THE TEXAS COTTON ASSOCIATION COTTON MERCHANTS FUND</u>	Filer ID # <u>0016852</u>
---	------------------------------

OFFICE USE ONLY	
Date Received RECEIVED JAN 24 2025 Texas Ethics Commission	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

- I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the GPAC report due on 01/15/2025. I understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



Signature of Campaign Treasurer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is KANDICE E. POTTEIT, and my date of birth is [REDACTED].

My address is 943 ROCK CANYON DR (street), DUN CANYON TX (city), 75137 (state), USA (zip code), USA (country).

Executed in DALLAS County, State of TEXAS, on the 14 day of JANUARY, 2025 (month) (year).



Signature of Campaign Treasurer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

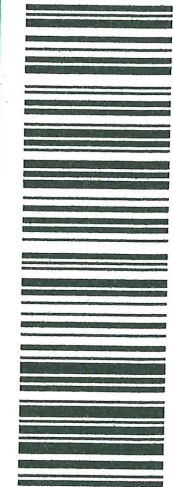
CERTIFIED MAIL®

Retail

U.S. POSTAGE PAID
FCM LETTER
DUNCANVILLE, TX 75137
JAN 14, 2025

\$5.86

S2324N500701-11



9589 0710 5270 0047 5655 76



78701



RDC 99

TCOA
Texas Cotton
ASSOCIATION

P.O. Box 765098
Dallas, Texas, 75376-5098

TEXAS ETHICS COMMISSIONS
201 E. 14th ST, #10
AUSTIN TX 78701

GPAC

RECEIVED
JAN 24 2025
Texas Ethics Commission