

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00068256		2 Total pages filed: 27		OFFICE USE ONLY	
3 COMMITTEE NAME United Supermarkets PAC				Date Received ELECTRONICALLY FILED 04/30/2025	
4 TREASURER NAME Bever, Sarah (Mrs.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 07/01/2024		Month Day Year THROUGH 12/31/2024	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

Contributions made to Dustin Burrows and Giovanni Capriglione's campaigns were not cashed during the 2024 campaign time frame. The July-December semiannual filing report was revised to exclude these amounts. The payments will be voided and reissued in 2025 and included in the filing when the checks are reissued.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☒ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Sarah Bevers

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00068256	2 Total pages filed: 27
3 COMMITTEE NAME United Supermarkets PAC			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/30/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 6840 Lubbock, TX 79493		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Sarah NICKNAME LAST SUFFIX Bever		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7830 Orlando Ave. Lubbock, TX 79423		
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 6840 Lubbock, TX 79493		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 791-0220		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (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		
10 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH Month Day Year 12/31/2024		
11 ELECTION	ELECTION DATE Month Day Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME United Supermarkets PAC	13 Filer ID (Ethics Commission Filers) 00068256
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14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		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.)	CHARLES PERRY

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,653.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,113.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

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

Mrs. Sarah Bevers

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME United Supermarkets PAC		13 Filer ID (Ethics Commission Filers) 00068256
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.)	DUSTIN BURROWS
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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.)		CARL TEPPER
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	KEN KING

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME United Supermarkets PAC		13 Filer ID (Ethics Commission Filers) 00068256	
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.)	JOHN SMITHEE	
	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.)		CAROLINE FAIRLY	
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.)	TOM CRADDICK	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME United Supermarkets PAC		13 Filer ID (Ethics Commission Filers) 00068256
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.)	KEVIN SPARKS
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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.)		BROOKS LANDGRAF
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	JAMES FRANK

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME United Supermarkets PAC		13 Filer ID (Ethics Commission Filers) 00068256
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.)	BRENT HAGENBUCH
	COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)
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.)		TAN PARKER
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (Identify by name or, if applicable, classify by party.)
	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.)	GIOVANNI CAPRIGLIONE

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

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12 COMMITTEE NAME

United Supermarkets PAC

13 Filer ID

(Ethics Commission Filers)

00068256

**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.)

STAN LAMBERT

**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.)

DREW DARBY

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
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17 COMMITTEE NAME United Supermarkets PAC		18 Filer ID (Ethics Commission Filers) 00068256
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,653.00
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 FROM POLITICAL CONTRIBUTIONS	\$ 14,750.00
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 10/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMMONS, GREG <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$354.00
8 Principal occupation / Job title (See Instructions) EVP - Supply Chain		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ATTAWAY, LARRY <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Services & Supply Proc		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, THERON <hr/> Contributor address; City; State; Zip Code BORGER, TX 79007	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAKER, WILLIAM <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Director of Front End		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BEVERS, SARAH <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$497.00
Principal occupation / Job title (See Instructions) Chief Financial Officer		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 11/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BICHARD, ROBERT <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Dir. of Fac. Support & Dev.		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BITTIKER, GARY <hr/> Contributor address; City; State; Zip Code BURKBURNETT, TX 76354	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Bakery Supervisor		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOLLINGER, ROBERT <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75033	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) RVP of Retail Operations		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, THOMAS <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Merch. - Center Store		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUNTING, JOSEPH <hr/> Contributor address; City; State; Zip Code SHALLOWATER, TX 79363	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) Business Dir Produce		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 12/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAMPBELL, PAUL <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Sr Dir. - Information Tech		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHANEY, TRAVIS <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) RVP of Retail Operations		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLARK, RICHARD <hr/> Contributor address; City; State; Zip Code WOLFFORTH, TX 79382	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Business Dir Food Service		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COMER, CURTIS <hr/> Contributor address; City; State; Zip Code FT WORTH, TX 76137	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRUMPTON, ANTHONY <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$460.00
Principal occupation / Job title (See Instructions) CMO Sales & Merch.		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 13/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL, JIM 6 Contributor address; City; State; Zip Code WOLFFORTH, TX 79382	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) STORE DIRECTOR		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOCKINS, PIPER Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Bakery Supervisor		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOMINGUEZ, ROBERT Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARDS, MATT Contributor address; City; State; Zip Code AMARILLO, TX 79124	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARMER, JONATHAN Contributor address; City; State; Zip Code SNYDER, TX 79549	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 14/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FARRAR, TIMOTHY 6 Contributor address; City; State; Zip Code ABILENE, TX 79602	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Food Svc. Supervisor		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FEWIN, WILL Contributor address; City; State; Zip Code MEADOW, TX 79345	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, CHRISTOPHER Contributor address; City; State; Zip Code WOLFFORTH, TX 79382	Amount of Contribution (\$) \$260.00
Principal occupation / Job title (See Instructions) Director of Software Develop		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAINES, BRADLEY Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Business Dir Floral		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GAITAN, RAYMOND Contributor address; City; State; Zip Code AMARILLO, TX 79118	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 15/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GARCIA, NOEL 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79416	7 Amount of Contribution (\$) \$130.00
8 Principal occupation / Job title (See Instructions) STORE DIRECTOR		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRAY, KENNETH Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYNES, KELLY Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Director of Own Brands		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPPER, SIDNEY Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) PRESIDENT		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HULETT, KEVIN ANDREW Contributor address; City; State; Zip Code DALHART, TX 79022	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 16/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES, CHRISTOPHER <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$460.00
8 Principal occupation / Job title (See Instructions) COO Retail Operations		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMESON, JOHN <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79706	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) RVP of Retail Operations		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JIMENEZ, REYES <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Vice President, CIO		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KILE, DUSTIN <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79119	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MILLER, SHANNON <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$130.00
Principal occupation / Job title (See Instructions) EVP - Talent Mgmt.		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 17/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOUROT, ROY <hr/> 6 Contributor address; City; State; Zip Code LAWN, TX 79530	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) STORE DIRECTOR		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURPHY, EDWARD <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Pharmacy Operations Manager		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWMAN, CHRISTINE <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Risk Mgmt.		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NORIEGA, FERNANDO <hr/> Contributor address; City; State; Zip Code AMARILLO, TX 79110	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORNELAS, LUIS <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79407	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Center Store Merch. Mgr		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 18/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OSORNIO, MICHAEL <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Business Dir General Merch		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PHILLIPS, KRISTIAN <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79707	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PINKSTON, DALE <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Business Dir B&W and Spirits		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PORTER, PATRICK <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79423	Amount of Contribution (\$) \$104.00
Principal occupation / Job title (See Instructions) R.C. TAYLOR GENERAL MANAGER		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PRINCE, WILLIAM <hr/> Contributor address; City; State; Zip Code FRISCO, TX 75033	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 19/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PURSER, TIMOTHY <hr/> 6 Contributor address; City; State; Zip Code LUBBOCK, TX 79424	7 Amount of Contribution (\$) \$104.00
8 Principal occupation / Job title (See Instructions) Business Dir Pharmacy		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RAMPY, ABIE <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79413	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Director of Community Engagement		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBLES, LISA <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Pharmacy Operations Manager		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROLLINS, JOE <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Real Estate		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, ALLEN <hr/> Contributor address; City; State; Zip Code HOLLIDAY, TX 76366	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) RVP of Retail Operations		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 20/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, HEATHER 6 Contributor address; City; State; Zip Code HOLLIDAY, TX 76366	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) Director of Innovation		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STOCKTON, STEVEN Contributor address; City; State; Zip Code AMARILLO, TX 79109	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Center Store Supervisor		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SULLIVAN, JUSTIN Contributor address; City; State; Zip Code IDALOU, TX 79329	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Manufacturing		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TEINERT, JACLYN Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Director of Accounting		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREVINO, CHRISTOPHER Contributor address; City; State; Zip Code LITTLE ELM, TX 75068	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 21/27
2 FILER NAME United Supermarkets PAC		3 Filer ID (Ethics Commission Filers) 00068256
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIDRO, WENDELL <hr/> 6 Contributor address; City; State; Zip Code MIDLAND, TX 79707	7 Amount of Contribution (\$) \$52.00
8 Principal occupation / Job title (See Instructions) PRODUCE MANAGER		9 Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALL, CHERYL <hr/> Contributor address; City; State; Zip Code MIDLAND, TX 79705	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WELTY, JEANNE <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Coffee Supervisor - field supp		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, JONATHAN <hr/> Contributor address; City; State; Zip Code SEYMOUR, TX 76380	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) STORE DIRECTOR		Employer (See Instructions) UNITED SUPERMARKETS
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YOUNG, MARCUS <hr/> Contributor address; City; State; Zip Code LUBBOCK, TX 79424	Amount of Contribution (\$) \$52.00
Principal occupation / Job title (See Instructions) Dir. of Loss Prevention		Employer (See Instructions) UNITED SUPERMARKETS

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/5 Rpt: 22/27	2 FILER NAME United Supermarkets PAC	3 Filer ID (Ethics Commission Filers) 00068256
4 Date 11/08/2024	5 Payee name Craddick, Tom	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code Two Lakes Dr. Midland, TX 79705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/10/2024	Payee name Darby, Drew	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code P.O. Box 3284 San Angelo, TX 76902	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name FAIRLY, CAROLINE	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1000 S Tyler, Apt 10 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 23/27	2 FILER NAME United Supermarkets PAC	3 Filer ID (Ethics Commission Filers) 00068256
4 Date 11/08/2024	5 Payee name FRANK, JAMES	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1206 Hatton Road Wichita Falls, TX 76302	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name HAGENBUCH, BRENT	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2800 Shoreline Dr #310 Denton, TX 76210	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Office Holder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name King, Ken	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 517 Canadian, TX 79014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 24/27	2 FILER NAME United Supermarkets PAC	3 Filer ID (Ethics Commission Filers) 00068256
4 Date 11/08/2024	5 Payee name Lambert, Stan	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 3752 Abilene, TX 79604	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
9 Complete ONLY if direct expenditure to benefit C/OH		
Date 11/08/2024	Candidate/Officeholder name Landgraf, Brooks	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought PO Box 13146 Odessa, TX 79768	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete ONLY if direct expenditure to benefit C/OH		
Date 11/08/2024	Candidate/Officeholder name PARKER, TAN	
Amount (\$) \$1,500.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought P.O. Box 271741 Flower Mound, TX 75027	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete ONLY if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/5 Rpt: 25/27	2 FILER NAME United Supermarkets PAC	3 Filer ID (Ethics Commission Filers) 00068256
4 Date 11/08/2024	5 Payee name PERRY, CHARLES	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code P.O. Box 94806 Lubbock, TX 79493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name SMITHEE, JOHN	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 320 S. Polk, Ste. 920 Amarillo, TX 79101	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2024	Payee name SPARKS, KEVIN	
Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2600 Mockingbird Ln. Midland, TX 79705	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 26/27	2 FILER NAME United Supermarkets PAC	3 Filer ID (Ethics Commission Filers) 00068256
4 Date 11/08/2024	5 Payee name TEPPER, CARL	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 94534 LUBBOCK, TX 79493	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution to Officeholder
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 27/27

FILER NAME

United Supermarkets PAC

Filer ID (Ethics Commission Filers)

00068256

Schedule

F1

Information entered by filer as a memo:

Contributions made to Dustin Burrows and Giovanni Capriglione's campaigns were not cashed during the 2024 campaign time frame. The July-December semiannual filing report was revised to exclude these amounts. The payments will be voided and reissued in 2025 and included in the filing when the checks are reissued.