#### FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086838 3 COMMITTEE NAME **OFFICE USE ONLY** Cattle Raisers State PAC Date Received **ELECTRONICALLY FILED** 06/05/2025 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 101988 Fort Worth, TX 76185 Date Hand-delivered or Date Postmarked CAMPAIGN MS / MRS / MR **FIRST** MI **TREASURER** Receipt # Amount Mr. Jason NAME Date Processed **NICKNAME SUFFIX** LAST Skaggs Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 101988 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 76185 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 2813 S. Hulen, Suite 275 MAILING **ADDRESS** Fort Worth, TX 76109 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (817) 332-7064 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2025 05/25/2025

## MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

# FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME Cattle Raisers State PAC  1. Candidates (Identify by name or, if applicable, classify by party.)  (Attach lists on plain paper to complete this report if necessary.)  2. Measures  A. Supported  B. Opposed	
1. Candidates 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  A. Supported	6838
ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)  B. Opposed  2. Measures  A. Supported	
(Attach lists on plain paper to complete this report if necessary.)  B. Opposed  2. Measures  A. Supported	
paper to complete this report if necessary.)  2. Measures  A. Supported	
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(Describe by date and location of election and nature of issue.)	
B. Opposed	
3. Officeholders	
Assisted (Identify by name or, if applicable, classify by party.)	
5 CONTRIBUTION TOTALS  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  check here if this report qualifies for the higher itemization threshold	\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS	\$ 17,000,00
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	17,000.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS	\$ 0.00
4. TOTAL POLITICAL EXPENDITURES	\$ 48,357.62
CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	<b>\$</b> 566,496.15
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD	\$ 0.00
6 AFFIDAVIT	
I swear, or affirm, under penalty of perjury, tha true and correct and includes all information re under Title 15, Election Code.	t the accompanying report is equired to be reported by me
Mr. Jason Skag	ns
Signature of Campaign T	
AFFIX NOTARY STAMP / SEAL ABOVE	. 636416.
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	of officer administering oath

#### **SUBTOTALS - MPAC**

## FORM MPAC COVER SHEET PG 3

3 of 5						
<b>17</b> CO	MMITTE	(Ethics Commission Filers)	)			
19 SCI NAI	HEDULE ME OF S	SUBTOTAL AMOUN	Т			
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 17,00	0.00	
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION					
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION				\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$		
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (	ORGANIZATION	\$		
9.		SCHEDULE E: LOANS		\$		
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$ 48,35	7.62	
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS				\$		
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		
I						

ILER NAME Cattle Raise rate 5/08/2025	ction Guide explains how to complete this forms State PAC  5 Full name of contributor  out-of-state PAC (ID#: Polk Jr., Carl Ray  6 Contributor address; City; State; Zip Code		n.		Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
cattle Raise rate 5/08/2025	rs State PAC  5 Full name of contributor  out-of-state PAC (ID#: Polk Jr., Carl Ray			3	
5/08/2025	Polk Jr., Carl Ray				Filer ID (Ethics Commission Filers) 00086838
rincipal occu			)	7	Amount of Contribution (\$) \$17,000.00
rincipal occu	Lufkin, TX 75915	_			
ancher	ipation / Job title (See Instructions)	9	Employer (See Instructions Self	s)	

### 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 comp	olete this form.
1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	FILER NAME     Cattle Raisers State PAC	3 Filer ID (Ethics Commission Filers) 00086838
4 Date 05/08/2025	5 Payee name Atzenhoffer Velocity Motor Sports	I
6 Amount (\$) \$47,500.00	7 Payee address; City; State; Zip Code PO Box 2509	
Expenditure from corporate funds	Victoria, TX 77992	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Purchase of item to auction
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
Date 05/13/2025	Payee name Slate Group	
Amount (\$) \$857.62	Payee address; City; State; Zip Code	
Expenditure from corporate funds	Lubbock, TX 79407	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Printing for fundraiser
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held