



# MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC  
COVER SHEET PG 2

<b>12 COMMITTEE NAME</b> Germania Farm Mutual Political Action Committee	<b>13 Filer ID</b> (Ethics Commission Filers) 00059290
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<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Pat Curry State Representative

<b>15 CONTRIBUTION TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b> <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	<b>2. TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,150.00
EXPENDITURE TOTALS	<b>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>4. TOTAL POLITICAL EXPENDITURES</b>	\$ 9,000.00
CONTRIBUTION BALANCE	<b>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 170,773.81
OUTSTANDING LOAN TOTALS	<b>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$ 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.

Mr. Joseph G. Hardy III  
\_\_\_\_\_  
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

# MONTHLY FILING GPAC REPORT: PURPOSE

FORM **MPAC**  
ADDENDUM

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<b>12 COMMITTEE NAME</b> Germania Farm Mutual Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00059290
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	David Cook State Senator
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Charles Schwertner State Senator
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Jay Dean State Representative	

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<b>12 COMMITTEE NAME</b> Germania Farm Mutual Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00059290
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Cole Hefner State Representative
	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Cody Harris State Representative
<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported  B. Opposed	
<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed	
<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Stan Gerdes State Representative	

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<b>12 COMMITTEE NAME</b> Germania Farm Mutual Political Action Committee		<b>13 Filer ID</b> (Ethics Commission Filers) 00059290	
<b>14 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported	
		B. Opposed	
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported	
		B. Opposed	
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)	Caroline Harris-Davila State Representative	

# SUBTOTALS - MPAC

<b>17 COMMITTEE NAME</b> Germania Farm Mutual Political Action Committee		<b>18 Filer ID</b> (Ethics Commission Filers) 00059290
<b>19 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,150.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 9,000.00
11.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0.00
13.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 114.68

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/1 Rpt: 7/13
<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00059290
<b>4</b> Date 01/17/2026	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Engle, Jaylyn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Childress, TX 79201	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Agent		<b>9</b> Employer (See Instructions) Self
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huddleston, David <hr/> Contributor address; City; State; Zip Code  New Braunfels, TX 78130	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kirk, Shannon <hr/> Contributor address; City; State; Zip Code  Spearman, TX 79081	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Muehlstein, Robert <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78259	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Russell, Mary <hr/> Contributor address; City; State; Zip Code  Aledo, TX 76008	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Agent		Employer (See Instructions) Self

# PLEGGED CONTRIBUTIONS

## SCHEDULE B

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule B: Sch: 1/1 Rpt: 8/13	
<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00059290	
<b>4</b> TOTAL OF UNITEMIZED PLEDGES		<b>\$</b> 0.00	
<b>5</b> Date	<b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>8</b> Amount of pledge (\$)	<b>9</b> In-kind description (If applicable)
	<b>7</b> Pledgor Address; City; State; Zip Code		
<b>10</b> Principal occupation / Job title (See Instructions)		<b>11</b> Employer (See Instructions)	

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 9/13
<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00059290
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b> 0.00
<b>5</b> Date of loan	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 10/13	<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00059290
<b>4</b> Date 01/21/2026	<b>5</b> Payee name Cook, David	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 309 E Broad St  Mansfield, TX 76063	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with Campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Cook, David	Office sought Office held State Senator District 22
Date 01/21/2026	Payee name Curry, Pat	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 204 Woodhew Dr.  Waco, TX 76712	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Curry, Pat	Office sought Office held State Representative District 56
Date 01/23/2026	Payee name Dean, Jay	
Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3822 Holly Ridge  Longview, TX 75605	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dean, Jay	Office sought Office held State Representative District 7

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 11/13	<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00059290
<b>4</b> Date 01/23/2026	<b>5</b> Payee name Gerdes, Stan	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code PO Box 1060  Smithville, TX 78957	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Gerdes, Stan	Office sought Office held State Representative District 17
Date 01/23/2026	Payee name Harris, Cody	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 519 N Sycamore  Palestine, TX 75801	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris, Cody	Office sought Office held State Representative District 8
Date 01/23/2026	Payee name Harris-Davila, Caroline	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3010 E. Settlers Blvd  Round Rock, TX 78665	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Harris-Davila, Caroline	Office sought Office held State Representative District 52

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### 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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 12/13	<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee	<b>3</b> Filer ID (Ethics Commission Filers) 00059290
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<b>4</b> Date 01/23/2026	<b>5</b> Payee name Hefner, Cole
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<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 115 W. 1st St  Mount Pleasant, TX 75455
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hefner, Cole	Office sought	Office held State Representative District 5
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Date 01/22/2026	Payee name Schwertner, Charles
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Amount (\$) \$1,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 2448  Georgetown, TX 78627
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Assist with campaign
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Schwertner, Charles	Office sought	Office held State Senator District 5
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule K: Sch: 1/1 Rpt: 13/13
<b>2</b> FILER NAME Germania Farm Mutual Political Action Committee		<b>3</b> Filer ID (Ethics Commission Filers) 00059290
<b>4</b> Date 12/31/2025	<b>5</b> Name of person from whom amount is received Germania Credit Union	<b>8</b> Amount (\$) \$114.68
	<b>6</b> Address of person from whom amount is received; City; State; Zip Code  Brenham, TX 77834-0645	
	<b>7</b> Purpose for which amount is received Interest on Account	<input type="checkbox"/> Check if political contribution returned to filer