STATEMENT OF

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FORM 1		(DRGAN	IZATI	ION						Office	Use O	nlv		
1. NAME OF COMMITTEE (in	full)	×	(Check if name is changed)		xample:If ver the lir		ype	12	FE4	М5	Office	Use U	ily		
Texas and Sou	thweste	rn Cat	tle Raisers	Associa	tion Fe	deral l	PAC,	DBA	\ Ca	ttle I	Rais	ers	Fede	eral	PAC
ADDRESS (number and street) (Check if address is changed)		2813 S	i. Hulen												
		Suite 2	75												
		Fort W	orth					STA	X ATE A	_ ⁷	′6109 	Z	- IP CC	DDE 🛦	
COMMITTEE'S E-MA	AL ADDRES	SS													
		mewi	ills@tscra.org]											
			al Second E-Ma ggs@tscra.o						<u> </u>	1 1		1 1			
COMMITTEE'S WEB (Check if a is changed	address	DRESS (URL)											<u> </u>	
2. DATE 06	M / D 01		2022												
3. FEC IDENTIFIC	CATION NU	JMBER	▶ C	C00817	049										
4. IS THIS STATEM	MENT	NE	W (N) O	R	x A	MENDED	(A)								
I certify that I have e	examined th	is Staten	nent and to the	best of my	y knowled	lge and l	oelief it	is tru	e, cor	rect a	nd co	mplete	€.		
Type or Print Name o	of Treasurer	Skagg	s, Jason, , ,												
Signature of Treasure	er <i>Skagg</i> .	s, Jason, , ,			[Electro	nically Fil	led]	Date		07	/	12	/ [202	
NOTE: Submission of	false, errone		ncomplete inform	-							ne per	nalties	of 52	U.S.C	. §30109
Office Use					Federal	ther inform Election C e 800-424-	commissi					EC F			

Local 202-694-1100

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republication	an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ited fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
1 C	

I	FEC Form 1 (Revised 0	02/2009)			l Page 3		
٧	Vrite or Type Committee Name						
		tern Cattle Raisers Associa	· · · · · · · · · · · · · · · · · · ·				
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Texas and Southwestern Cattle Raisers Association						
		- Harris Raiscis 7.6500					
	Mailing Address	2813 S. Hulen	<u> </u>	1 1 1 1	1 1 1 1 1		
		Suite 275					
		Fort Worth		TX 70	6109		
		CITY ▲		STATE ▲	ZIP CODE ▲		
	Relationship: X Connected	Organization Affiliated Organizat	ion Joint Fundraising	Representative	Leadership PAC Sponso		
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number	optional) and position c	of the person in po	ssession of committee		
	Wills, Mega	an, , ,					
	Full Name						
	Mailing Address	2813 S. Hulen					
		Suite 275					
		Fort Worth		TX 76	6109		
		CITY A		STATE A	ZIP CODE ▲		
	Title or Position ▼						
	ED Finance		Telephone num	817 	_ 332 7064		
8.	any designated agent (e.g., a	·	al) of the treasurer of the	committee; and	the name and address of		
	Full Name Skaggs, Ja of Treasurer	son, , ,					
		₁ 2813 S. Hulen					
	Mailing Address	Suite 275					
				TY -			
		Fort Worth		LTX L	6109		
	Title or Position ▼	CITY ▲		STATE ▲	ZIP CODE ▲		
	Treasurer	, , , , , , , , , , , , , , , , , , ,	Telephone num	nber 817	- 332 - 7064		

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Full Name of Designated Agent	Wills, Megan, , ,						
Mailing Address	2813 S. Hulen						
	Suite 275						
	Fort Worth	TX 761	09				
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
ED Finance	Telepi	hone number 817 -	- 332 - 7064				
	Depositories: List all banks or other depositories in which the less or maintains funds.	committee deposits funds, h	olds accounts, rents				
Name of Bank, Depository, etc.							
	Frost Bank						
Mailing Address	640 Taylor Street						
	Unit 1000						
	Fort Worth	TX 7610	02				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, D	epository, etc.						
Mailing Address							
	CITY A	STATE ▲	ZIP CODE ▲				