Only

STATEMENT OF

PAGE 1 / 14 =

FORM 1		Ol	RGAN	IZA	TIO	N												
													Offi	ce Us	e On	у		
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)	е		ole:If ty he line		type		121	FE4	M5						
McLane Cor	npany,	Inc. Fe	ederal P	olitica	al Ad	ction	Col	mm	itte	е								
ADDRESS (number a	nd street)	4747 McL	ane Parkway															
(Check if a is changed		1 , , ,		1 1		1 1	1 1	1 1	I	1 1	ı	1 1	1	1 1	ı	1 1	1 1	
is changed	1)	Temple	Y ▲							STA	 ΓΕ Δ		7650)3	ZIF]-[DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if a is changed		tteague	mclaneco.co	om														
		Optional S	Second E-Ma	ail Addre	ess				1									. 1
COMMITTEE'S WEB	PAGE ADI	OBESS (UB	1)															
(Check if a	address		. - /	1 1	1 1	1 1		1 1	ı	1 1		1 1	1	1 1		1 1	1 1	, I
is changed	a)																	
2. DATE 04			Y Y Y Y 2025															
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C002	215558													
4. IS THIS STATEM	MENT	NEW	(N) O	R	×	АМ	ENDEI	D (A)										
certify that I have e	examined th	is Statemer	nt and to the	best of	my kn	owledg	e and	belief	it is	true	, cor	rect	and	comp	olete.			
Type or Print Name	of Treasure	^r <u>Hildenbra</u>	and, Eric, , Mr.	,														
Signature of Treasure	er Hilde	nbrand, Eric,	, Mr.,							Date		м м 07	1	03	B D	/ Y	2025	
NOTE: Submission of	false, errone		mplete inform NGE IN INFC					-	-					enali	ies c	f 52 I	J.S.C.	§30109
Office Use					F	or furth ederal E oll Free	lection	Commi					J			ORI 06/20		

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
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 the cinformation below.)	andidate
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 Republican, etc.	c.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:
Corporation Corporation w/o Capital Stock Labor Orga	nization
Membership Organization Trade Association Cooperative	•
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee. (i.e., nonconnected committee)	and 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 or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
Committees Participating in Joint Fundraiser	
1. C	

	_				
	FEC Form 1 (Revised 0	2/2009)			Page 3
V	Vrite or Type Committee Name				
	McLane Compar	ny, Inc. Federal Political	Action Com	mittee	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Repres	entative, or Leader	rship PAC Sponsor
	McLane Company, Ir	1C			
	Mailing Address	4747 McLane Parkway			
		Temple		TX 76504	
		CITY ▲	S	STATE A	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising I	Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number op	tional) and position of	the person in posses	sion of committee
	Garcia, Ne	ftali, J., Mr.,			
	Mailing Address	4747 McLane Parkway			
		1			
		Temple		TX 76504	
		CITY ▲	S	STATE A	ZIP CODE ▲
	Title or Position ▼				
	Assistant Treasurer		Telephone numb	er	771 - 7954
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the c	committee; and the n	name and address of
	Full Name Hildenbran	d, Eric, , Mr.,			
	of Treasurer				
	Mailing Address	4747 MCLANE PARKWAY			
		TEMPLE		TX 76504	
	Title or Position ₩	CITY ▲	5	STATE A	ZIP CODE ▲

Telephone number

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Ga Agent	arcia, Neftali, J., ,		
Mailing Address	4747 McLane Parkway		
	Temple	TX TX	76504
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number 254	
Banks or Other Dep safety deposit boxes	positories: List all banks or other depositories in whi or maintains funds.	ch the committee deposits fun	ds, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
B	ANK OF AMERICA		
Mailing Address	P.O. BOX 25118		
	TAMPA	FL	33622-5118
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
L			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	, or Leadership PAC Spons
ACME BRICK COM	PANY GOOD GOVERNMENT FUND FOR I	FEDERAL ELECTION	S
Mailing Address	P. O. BOX 425		
	FORT WORTH		76101
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, pepository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which anintains funds.	Telephone Numberh the committee deposits	s funds, holds accounts, rent

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) o	r(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
6.	-	Organization, Affiliated Committee, Joint Fundra		
	Mailing Address	ONE GEICO PLAZA		
	Relationship:	WASHINGTON CITY A	DC STATE A	20076 ZIP CODE ▲
			Fundraising Represent	
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		<u> </u>
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
9.	Full Name Mailing Address TITLE OR POSITION	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main sa	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents
9.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ts funds, holds accounts, rents

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	-		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
MIDAMERICAN EN	ERGY COMPANY PAC		
<u> </u>			
	₁ P.O. BOX 657		
Mailing Address	1.0. 20/30/		
	DES MOINES	IA I	50306
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee John John John John John John John John	oint Fundraising Represent	ative Leadership PAC Sp
		oint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi		oint Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi	fy by name, address (phone number – optional)	oint Fundraising Represent	Leadership PAC Spo
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	STATE A	
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ing Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
PACIFICORP-PACI	FIC POWER/ROCKY MOUNTAIN POWE	R PAC	
	OOF N. F. MULI TNOMALL QUITE COOK LOT		
Mailing Address	825 N E MULTNOMAH, SUITE 2000 LCT		
	PORTLAND	OR	97232
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Spo
			Leadership FAC Spc
Designated Agent: Ident			Leadership FAC Spc
Designated Agent: Ident			Leadership FAC Spc
Designated Agent: Ident			Leadership FAC Spc
Designated Agent: Ident	ify by name, address (phone number – optiona		ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optiona	NI)	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional n	STATE A	
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional cories: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ify by name, address (phone number – optional cories: List all banks or other depositories in w	STATE A Telephone Number	ZIP CODE A
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Pesignated Agent: Identify Full Name	ify by name, address (phone number – optional cories: List all banks or other depositories in whaintains funds.	STATE Telephone Number hich the committee deposi	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions between the safety deposit boxes or responsible to the safety deposit boxes or responsitory, etc.	ify by name, address (phone number – optional cories: List all banks or other depositories in what is funds.	STATE Telephone Number hich the committee deposi	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connector	Organization, Affiliated Committee, Joint Fu	advaicing Denvecentativ	o or Londovskip DAC Spon
-	MPANY RAILPAC (BNSF RAILPAC)	idraising hepresentativ	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 961039		
	FORT WORTH	TX	76161
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee Joy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
NETJETS INC. PAC			
Mailing Address	4111 BRIDGEWAY AVENUE		
	COLUMBUS	OH	43219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization X Affiliated Committee Jof fy by name, address (phone number – optional)	int Fundraising Represent	Leadership FAC 3
		Int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		Int Fundraising Represent	Leavership FAC 3.
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h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
NV ENERGY POLIT	ICAL ACTION COMMITTEE		
Mailing Address	P.O. BOX 81500		
	ATTN: JOHN J. VINSKI, TREASURER		<u> </u>
	LAS VEGAS	NV	89180
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	od Organization X Affiliated Committee Joinful by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
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		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Full IAWAY ENERGY COMPANY PAC	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	P.O. BOX 657		1 1 1 1 1 1 1 1 1 1
	DES MOINES	I IA	50306
Dolotionobine	OLTV. A	OTATE A	71D 00DE 4
	CITY ▲ ted Organization Affiliated Committee Lify by name, address (phone number – optional)	STATE ▲	ZIP CODE ▲ ative Leadership PAC Sp
Connected Agent: Identification Full Name	ted Organization X Affiliated Committee J	oint Fundraising Represent	
Connection Connectica Connection Connectica Connection	ted Organization X Affiliated Committee J	oint Fundraising Represent	
esignated Agent: Iden Full Name	ted Organization X Affiliated Committee J	oint Fundraising Represent	
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	ng Participant:		
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2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected LUBRIZOL CORP E	l Organization, Affiliated Committee, Joint Fund MPLOYEES PAC	draising Representative	e, or Leadership PAC Spon
Mailing Address	29400 LAKELAND BOULEVARD		
	WICKLIFFE	OH	44092
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee Jointy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
FLIGHT SAFETY IN	TERNATIONAL INC. PAC		
Mailing Address	3100 EASTON SQUARE PLACE		
	SUITE 100		
	COLUMBUS	OH	43219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee Join Join fy by name, address (phone number – optional)	nt Fundraising Representa	
			tive Leadership PAC Sp
esignated Agent: Identi			
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esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A