FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TEXAS SHEEP & GOAT RAISERS PAC 233 WEST TWOHIG ADDRESS (number and street) (Check if address is changed) SAN ANGELO 76903 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address office@tsgra.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.tsgra.com (Check if address is changed) DATE 03 2017 C00348219 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Luensmann, Darci, , Date 04 10 2024 Signature of Treasurer Luensmann, Darci, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

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 the candidate information below.) | | | | | | |
| | Name of Candidate ''','','','',' | | | | | | |
| | Candidate Office State Party Affiliation Sought: House Senate President | L: | | | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | | |
| | Name of Candidate | | | | | | |
| | arty Committee: (National, State (Democratic, Republican, etc.) Party | | | | | | |
| - | olitical Action Committee (PAC): | | | | | | |
| (| This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization | on is a: | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | | | | | | |
| | 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 fund or party committee. (i.e., nonconnected committee) | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | | |
| (| This committee is an independent expenditure-only political committee (Super PAC). | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| (| This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). | | | | | | |
| - | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | |
| , | oint Fundraising Representative: | | | | | | |
| (| (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | | |
| (| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | | |
| | Committees Participating in Joint Fundraiser | | | | | | |
| | 1. C | | | | | | |

Secretary

| | - | | | | | |
|----|--|--------------------------------------|----------------------------------|-----------------------|--|--|
| | FEC Form 1 (Revised 02 | 2/2009) | | Page 3 | | |
| ٧ | Write or Type Committee Name | | | | | |
| _ | TEXAS SHEEP & GOAT RAISERS PAC | | | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE | | | | | |
| | | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | |
| | Relationship: Connected | Organization Affiliated Organization | Joint Fundraising Representative | Leadership PAC Sponso | | |
| | | | | | | |
| 7. | Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. | | | | | |
| | Luensmann | ı, Darci, , , | | | | |
| | Full Name | .000 W. Turkin | | | | |
| | Mailing Address | 233 W. Twohig | | | | |
| | | | | | | |
| | | San Angelo | TX | 5903 | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | |
| | Title or Position ▼ | | | | | |
| | Secretary | | Telephone number 325 | - 655 - 7388 | | |
| 8. | Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). | | | | | |
| | Full Name Luensmann | n, Darci, , , | | | | |
| | of Treasurer | 233 W. Twobia | | | | |
| | Mailing Address | 233 W. Twohig | | | | |
| | | | | | | |
| | | San Angelo | TX 76 | 6903 | | |
| | Title or Position | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | |

655

Telephone number

7388

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|-------------------------------------|---|--------------------|----------------------------|
| Full Name of Designated Agent | Luensmann, Darci, , , | | |
| Mailing Address | 233 W. Twohig | | |
| | | | |
| | San Angelo | J TX | 76903 |
| Tille on Braille | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position Secretary | Telephone | number 32 | 5 – 655 – 7388 |
| Banks or Other safety deposit bo | Depositories: List all banks or other depositories in which the comities or maintains funds. | mittee deposits fu | nds, holds accounts, rents |
| Name of Bank, D | epository, etc. | | |
| | The First National Bank of Mertzon | | |
| Mailing Address | P.O. Box 589 | | |
| | | | |
| | Mertzon | J TX | 76941 |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ |