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) 00084981 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Pro Business Coalition Date Received **ELECTRONICALLY FILED** 12/29/2023 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 953 Change of Address Colleyville, TX 76034 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY X January 5 April 5 October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 March 5 September 5 December 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 11/26/2023 12/25/2023

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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			13 Filer ID	
Texas Pro Business	Coalition		000849	981
4 COMMITTEE	1. Candidates	A. Supported	-	
ACTIVITY	(Identify by name or, if applicable, classify by party.)			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	2 Manguras	A. Supported		
	Measures (Describe by date and location of election and nature of issue.)	А. Зирропеч		
		B. Opposed		
	3. Officeholders			
	Assisted (Identify by name or, if applicable, classify by party.)			
.5 CONTRIBUTION TOTALS	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 POLITICA	IL CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS	\$ S)	5,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,212.51
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		3,954.79
OUTSTANDING LOAN TOTALS		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that t information requ	the accompanying report is uired to be reported by me
		Fre	ederick C. Tate	
			of Campaign Tre	
AFFIX NOTA	RY STAMP / SEAL ABOVE	· ·	, ,	
Sworn to and subscrib	ned hefore me, by the said		this the	day
		which, witness my hand and seal of office.	, and are	uuy
· ·				
Signature of officer	administering oath	Printed name of officer administering oath	Title of	officer administering oath
J.g	and the state of t	The state of the s	110001	sammetoning oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 5
17 COMMITT	EE NAME	18 Filer ID	(Ethics Commission Filers)
Texas Pro Business Coalition 00084981			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
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 ORGANIZATION		\$
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	\$ 1,212.51
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 CONTRIBUTIONS		\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1					
struction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5				
	3 Filer ID (Ethics Commission Filers) 00084981				
5 Full name of contributor out-of-state PAC (ID#:) Signorelli, Danny 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$5,000.00				
The Woodlands, TX 77380	2)				
n N : 1	nstruction Guide explains how to complete this form. NAME Pro Business Coalition 5 Full name of contributor out-of-state PAC (ID#:) Signorelli, Danny 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 ral occupation / Job title (See Instructions) 9 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 Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 5/5	Texas Pro Business Coalition (Edition Continues Continue				
4 Date	5 Payee name				
12/08/2023	CFO Shield, LLC dba Red Elephant Reports				
6 Amount (\$) \$933.09	7 Payee address; City; State; Zip Code PO Box 953				
Expenditure from corporate funds	Colleyville, TX 76034				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Campaign Bookkeeping Services & Support For Prior Period Obligations				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
Date	Payee name				
12/08/2023	CFO Shield, LLC dba Red Elephant Reports				
Amount (\$)	Payee address; City; State; Zip Code				
\$239.48	PO Box 953				
Expenditure from corporate funds	Colleyville, TX 76034				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
-	Check if Austin, TX, officeholder living expense				
	Campaign Bookkeeping Services & Support				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
12/15/2023	Plains Capital Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$39.94	325 Saint Paul Street, Suite 800				
Expenditure from corporate funds	Dallas, TX 75201				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Monthly Service Fee				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH					