MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM MPAC COVER SHEET PG 1

		Filer ID			
The MPAC Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00084981	2 Total pages filed:4		
3 COMMITTEE NAME		•	OFFICE USE ONLY		
Texas Pro Busines	ss Coalition				
			Date Received ELECTRONICALLY FILED 03/27/2024		
4 COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP			
ADDRESS	PO Box 953				
Change of Address	Colleyville, TX 76034				
	MS / MRS / MR FIRST	MI	Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	Frederic		Receipt # Amount		
			Date Processed		
	NICKNAME LAST	SUFF	ΊΧ		
	Tate		Date Imaged		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE)	; APT / SUITE #; CITY; S			
TREASURER	959 W Glade Rd				
STREET	353 W Glade Ru				
ADDRESS (Residence or Business)					
()	Hurst, TX 76054				
7 CAMPAIGN	STREET ADDRESS OR PO BOX;	APT / SUITE #; CITY;	STATE; ZIP CODE		
TREASURER	PO Box 953				
MAILING ADDRESS					
Change of Address	S Colleyville, TX 76034				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(400) 000 7500				
PHONE	(469) 290-7500				
9 REPORT TYPE	X Monthly	10th day after campaign treasurer termination	Dissolution (Attach PAC-DR)		
10 MONTHLY REPORT FILING	January 5 X Apri	I 5 July 5	October 5		
DEADLINE	February 5 May	5 August 5	November 5		
	March 5 Jun	e 5 September 5	December 5		
11 PERIOD	Month Day Year	THROUGH	•		
COVERED	02/26/2024	03/2	5/2024		
	•				
GO TO PAGE 2					
Eorms provided by Te	xas Ethics Commission www.e	thics.state.tx.us	Version V3.5.1.5b35d027		

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Texas Pro Business Coalition 0008			000849	981
14 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. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	 Officeholders Assisted 			
	(Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTIONS	\$	0.00
EXPENDITURE TOTALS		POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	464.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	7,142.51
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		F acility'		
		Frederic Signature of Ca	k C. Tate	
		Signature of Su	paigir 110	
AFFIX NOTARY	STAMP / SEAL ABOVE			
		, ti	his the	day
of	, 20, to certify v	which, witness my hand and seal of office.		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of	officer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V3.5.1.5b35d027

SI	JBT	OTALS - MPAC		FORM MPAC
			L L	3 of 4
		EE NAME 9 Business Coalition	18 Filer ID 00084981	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$		
8.	8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$	
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 464.41
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Pollii y - Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 4/4	Texas Pro Business Coalition	00084981
4 Date	5 Payee name	
03/11/2024	CFO Shield, LLC dba Red Elephant Report	ts
6 Amount (\$)	7 Payee address; City; State; Zip	
\$426.96	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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		e sought Office held
Date	Payee name	
03/15/2024	Plains Capital Bank	
Amount (\$)	Payee address; City; State; Zip	o Code
\$37.45	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	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITORE		Check if Austin, TX, officeholder living expense
		Monthly Service Fee
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/O		e sought Onice held