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** 09/26/2024 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 January 5 April 5 X October 5 REPORT FILING July 5 **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 08/26/2024 09/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				I	
				13 Filer ID	(Ethics Commission Filers)
Texas Pro Business (Coalition			00084981	-
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 Managemen	A. Supported			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		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				
	(OTHER THAN PLE	DGES, LOANS, OR	GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPE	NDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURE	S	\$	642.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			DAY \$	11,016.99
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
6 AFFIDAVIT				<u> </u>	
		true a	ar, or affirm, under penalty of p ind correct and includes all info Title 15, Election Code.	erjury, that the rmation require	accompanying report is d to be reported by me
			Frederi	ck C. Tate	
			Signature of Ca		ırer
AFFIX NOTAF	RY STAMP / SEAL ABOVE		2.9	9	
Sworn to and subscribe	ad hafara ma by the said			this tha	day
					uay
<u> </u>		willon, with cost my ne	and and sear or office.		
Signature of officer	administering oath	Printed name of office	cer administering oath	Title of offi	cer administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

				3 of 4
		EE NAME 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.		\$		
5.		\$		
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	DRGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 642.46
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	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·					
Sch: 1/1 Rpt: 4/4	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Texas Pro Business Coalition 00084981					
4 Date	5 Payes name					
08/27/2024	5 Payee name					
00/2//2024	CFO Shield, LLC dba Red Elephant Reports					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$319.12	959 W. Glade Rd.					
— Forestelland from						
Expenditure from corporate funds	Hurst, TX 76035					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Campaign Bookkeeping Services & Support - Prior					
	Period Obligation					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	H					
Date	Payee name					
09/23/2024	CFO Shield, LLC dba Red Elephant Reports					
Amount (\$)	Payee address; City; State; Zip Code					
\$287.03						
, , ,						
Expenditure from	Hurst TV 7602F					
corporate funds	Hurst, TX 76035					
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					
	Campaign Bookkeeping Services & Support					
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold					
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH						
<u>'</u>						
Date	ayee name					
09/17/2024	Plains Capital Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$36.31	325 Saint Paul Street, Suite 800					
Expenditure from corporate funds	Dallas, TX 75201					
•						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Accounting/Ranking (b) Description Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Monthly Service Fee					
	Montally Science 1 66					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·					
	11: 0 1: 1 1: 1 1: 1 1: 1 1: 1 1: 1 1:					