

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|--|---|---|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00086193 | 2 Total pages filed: 19 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Walter J. | MI | OFFICE USE ONLY |
| | NICKNAME | LAST Coppage | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1401 Holliday Street #200 Wichita Falls, TX 76301 | | | Date Hand-delivered or Date Postmarked |
| | | | | Receipt # Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Walter J. | MI | |
| | NICKNAME | LAST Coppage | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1401 Holliday Street #200 Wichita Falls, TX 76301 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | (940) | 782-8811 | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) | | | |
| | <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR) | | | |
| 9 PERIOD COVERED | Month Day Year | | THROUGH | Month Day Year |
| | 09/27/2024 | | | 10/26/2024 |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE | |
| | 11/05/2024 | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 11 OFFICE | OFFICE HELD (if any) None Wichita | | 12 OFFICE SOUGHT (if known) State Representative District 69 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 19

13 C / OH NAME Coppage, Walter J. (Mr.) **14** Filer ID (Ethics Commission Filers)
00086193

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

| | | |
|---|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE TYPE | COMMITTEE NAME |
| | | COMMITTEE ADDRESS |
| | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

| | | | |
|-------------------------------|---|----|-----------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 11,997.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 15,381.56 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 4,541.57 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0.00 |

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Walter J. Coppage

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering Printed name of officer administering Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 19

| | | |
|--|---|---|
| 18 FILER NAME Coppage, Walter J. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00086193 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 11,997.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 12,255.11 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 3,126.45 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Deborah <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Contribution <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$29.00 |
| Principal occupation / Job title (See Instructions) unknown | | Employer (See Instructions) unknown |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Contribution <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$23.00 |
| Principal occupation / Job title (See Instructions) unknown | | Employer (See Instructions) unknown |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Contribution <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) unknown | | Employer (See Instructions) unknown |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Contribution <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) unknown | | Employer (See Instructions) unknown |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/21/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anonymous, Contribution <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | 7 Amount of Contribution (\$) \$60.00 |
| 8 Principal occupation / Job title (See Instructions) unknown | | 9 Employer (See Instructions) unknown |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Delma <hr/> Contributor address; City; State; Zip Code Crowell, TX 79227 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/03/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beavers, Brett <hr/> Contributor address; City; State; Zip Code Sheppard AFB, TX 76311 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) Pilot | | Employer (See Instructions) SWA |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capps, Emerson <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$2,000.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) None |
| Date 10/20/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppage, D. <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/14/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppage, D. | 7 Amount of Contribution (\$) \$150.00 |
| | 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76302 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coppage, Walter | Amount of Contribution (\$) \$3,000.00 |
| | Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) Certified Public Accountant | | Employer (See Instructions) Self-employed |
| Date 10/21/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Barbara | Amount of Contribution (\$) \$20.00 |
| | Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckert, Barbara and Richard | Amount of Contribution (\$) \$35.00 |
| | Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gragg, Karen | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Vernon, TX 76384 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 09/30/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Aaron | 7 Amount of Contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Wichita County |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lister, Alva | Amount of Contribution (\$) \$75.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meek, Austin | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76310 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mestas, Kelly | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76310 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Kay | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olphie, Sandra <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/25/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orton, Susan <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95818 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsons, Joy <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76302 | Amount of Contribution (\$) \$20.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/08/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purcell, Blaine <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Barbara <hr/> Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Jo Ella | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/11/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Jo Ella | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/17/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shrubs, Kelly | Amount of Contribution (\$) \$10.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76306 | | |
| Principal occupation / Job title (See Instructions) Office Manager | | Employer (See Instructions) Aspen Dental |
| Date 10/07/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, JoAnn | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76309 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Frances | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/19 |
| 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/17/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vernon, Frances | 7 Amount of Contribution (\$) \$25.00 |
| 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/19/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wichita County Democratic Association | Amount of Contribution (\$) \$4,000.00 |
| Contributor address; City; State; Zip Code Wichita Falls, TX 76308 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/14/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Martha | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code Austin, TX 78728 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/06/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worst, Nancy | Amount of Contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code Allen, TX 75002 | | |
| Principal occupation / Job title (See Instructions) | | 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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 1/6 Rpt: 11/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/02/2024 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$3.95 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account Service Charge |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/03/2024 | Candidate/Officeholder name ActBlue Texas | |
| Amount (\$) \$1.98 | Office sought P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account Service Charge |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 10/09/2024 | Candidate/Officeholder name ActBlue Texas | |
| Amount (\$) \$13.83 | Office sought P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account Service Charge |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 2/6 Rpt: 12/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/17/2024 | 5 Payee name ActBlue Texas | |
| 6 Amount (\$) \$104.09 | 7 Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account Service Charge |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/23/2024 | Payee name ActBlue Texas | |
| Amount (\$) \$23.13 | Payee address; City; State; Zip Code P.O. Box 441146 Somerville, MA 02144 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant Account Service Charge |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/27/2024 | Payee name Citibank, N.A. | |
| Amount (\$) \$1,346.73 | Payee address; City; State; Zip Code P.O. Box 78081 Phoenix, AZ 85062 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Expenses reported on previous report. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/6 Rpt: 13/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
|--|---|--|

| | |
|-----------------------------|---------------------------------------|
| 4 Date 10/17/2024 | 5 Payee name Citibank, N.A. |
|-----------------------------|---------------------------------------|

| | |
|------------------------------------|--|
| 6 Amount (\$) \$2,848.35 | 7 Payee address; City; State; Zip Code P.O. Box 78081 Phoenix, AZ 85062 |
|------------------------------------|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign expenses |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 10/21/2024 | Payee name Citibank, N.A. |
|--------------------|------------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$278.10 | Payee address; City; State; Zip Code P.O. Box 78081 Phoenix, AZ 85062 |
|-------------------------|---|

| | | |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Credit Card Payment | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign expenses |
|------------------------|---|--|

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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/26/2024 | Payee name Foard County News |
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| Amount (\$) \$300.00 | Payee address; City; State; Zip Code 108 S 1st St. Crowell, TX 79227 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper ad |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 4/6 Rpt: 14/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/22/2024 | 5 Payee name KAUZ | |
| 6 Amount (\$) \$1,502.25 | 7 Payee address; City; State; Zip Code 3601 Seymour Hwy. Wichita Falls, TX 76309 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV spots |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/24/2024 | Payee name KAUZ | |
| Amount (\$) \$800.00 | Payee address; City; State; Zip Code 3601 Seymour Hwy. Wichita Falls, TX 76309 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV spots |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/16/2024 | Payee name KFDX | |
| Amount (\$) \$1,033.23 | Payee address; City; State; Zip Code 4500 Seymour Hwy. Wichita Falls, TX 76309 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV spots |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 5/6 Rpt: 15/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 Date 10/21/2024 | 5 Payee name KFDX | |
| 6 Amount (\$) \$1,193.42 | 7 Payee address; City; State; Zip Code 4500 Seymour Hwy. Wichita Falls, TX 76309 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV spots |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/25/2024 | Payee name KFDX | |
| Amount (\$) \$1,062.50 | Payee address; City; State; Zip Code 4500 Seymour Hwy. Wichita Falls, TX 76309 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TV spots |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/17/2024 | Payee name Sawyer printing & promo | |
| Amount (\$) \$393.55 | Payee address; City; State; Zip Code 2012 Kell Blvd. Wichita Falls, TX 76301 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sign expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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 Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 6/6 Rpt: 16/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00086193 |
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| 4 Date 09/29/2024 | 5 Payee name Welch, Simon |
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| 6 Amount (\$) \$350.00 | 7 Payee address; City; State; Zip Code 5116 Wildflower Wichita Falls, TX 76310 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech Support |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/26/2024 | Payee name Welch, Simon |
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| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 5116 Wildflower Wichita Falls, TX 76310 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Tech Support |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|---|---|---|--|--|---|
| 1 | Total pages Schedule F4: Sch: 1/3 Rpt: 17/19 | 2 | FILER NAME Coppage, Walter J. (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00086193 |
| 4 | CREDIT CARD ISSUER | Name of financial institution Citibank, N.A. | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$276.09 | (b) Date of Charge 10/14/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 | |
| 7 | PAYEE | (a) Payee name Archer County News | | (b) Payee address; City, State, Zip Code P.O. Box 1125 Archer City, TX 76351 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$278.10 | (b) Date of Charge 10/17/2024 | (c) Date(s) Credit Card Issuer Paid 10/21/2024 | | |
| PAYEE | (a) Payee name Double Mountain Chronicle | | (b) Payee address; City, State, Zip Code 114 E Sammy Baugh Ave Rotan, TX 79546 | | |
| PURPOSE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| PAYMENT | (a) Amount Charged \$990.66 | (b) Date of Charge 10/11/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 | | |
| PAYEE | (a) Payee name Clay County Leader | | (b) Payee address; City, State, Zip Code 114 W. Ikard St. Henrietta, TX 76365 | | |
| PURPOSE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|---|--|---|---|---|
| 1 | Total pages Schedule F4: Sch: 2/3 Rpt: 18/19 | 2 | FILER NAME Coppage, Walter J. (Mr.) | 3 | Filer ID (Ethics Commission Filers) 00086193 |
| 4 | CREDIT CARD ISSUER | Name of financial institution see previous | | 5 | TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 | PAYMENT | (a) Amount Charged \$327.60 | (b) Date of Charge 10/14/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 | |
| 7 | PAYEE | (a) Payee name The Stanford Star | | (b) Payee address; City, State, Zip Code 202 E. Hamilton Stanford, TX 79553 | |
| 8 | PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | |
| | | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| PAYMENT | (a) Amount Charged \$406.50 | (b) Date of Charge 10/14/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 | | |
| PAYEE | (a) Payee name Paragraph Ranch LLC | (b) Payee address; City, State, Zip Code 424 Burlington Avenue Spur, TX 79370 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |
| PAYMENT | (a) Amount Charged \$406.50 | (b) Date of Charge 10/14/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 | | |
| PAYEE | (a) Payee name Paragraph Ranch LLC | (b) Payee address; City, State, Zip Code 424 Burlington Avenue Spur, TX 79370 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Newspaper ad | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|---|--|
| 1 Total pages Schedule F4: Sch: 3/3 Rpt: 19/19 | 2 FILER NAME Coppage, Walter J. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00086193 |
| 4 CREDIT CARD ISSUER | Name of financial institution see previous | | 5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ |
| 6 PAYMENT | (a) Amount Charged \$441.00 | (b) Date of Charge 10/15/2024 | (c) Date(s) Credit Card Issuer Paid 10/17/2024 |
| 7 PAYEE | (a) Payee name Banner Publishing Company | (b) Payee address; City, State, Zip Code 109 E. Morris Street Seymour, TX 76380 | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Newspaper ad | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |