## CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

## FORM COR-C/OH

1	Filer ID (Ethi	cs Commission Filers)	2 Total pages filed:				055105 11	IOE ONII V
_	00086193	cs Commission Filers)	2 Total pages filed.				OFFICE U	SE ONLY
3	CANDIDATE /	MS / MRS / MR	FIRST		MI		Date Received	
3	OFFICEHOLDER	Mr.	Walter J.		IVII		ELECTRONICA	LLY FILED
	NAME						10/06/2024	
		NICKNAME	LAST Coppage		SUFI	FIX		
4	ORIGINAL	January 15	Runoff		ther (specify)		Date Hand-delivered or	Date Postmarked
•	REPORT TYPE			ш	tilei (Specily)		Descipt #	Tamount
		July 15	Exceeded modified	· · · -			Receipt #	Amount
		X 30th day before election	15th day after campappointment (office	holder only)			Date Processed	
		8th day before election	Final Report (Attac	n C/OH-FR)				
5	ORIGINAL PERIOD COVERED	Month Day Yea		Month Day	y Year	r	Date Imaged	
	COVERED	07/01/2024	THROUGH	09/26/20	024			
6	EXPLANATION OF C							
	I had not received pay	yment from ActBlue Texas	and I failed to include	this amount in m	y original filin	ng.		
7	AFFIDAVIT							
•	741107411				der penalty o	of perjury	, that this corrected	report is true
			and	correct.				
			Che	ck the box next t	to any and all	l applicab	ole statements:	
							affirm that the origir	
			_				an intent to mislead ed in the report.	or to
				morepresent ti	iii iiii iii iii iii iii iii iii iii i	oontall	oa iii tiio ropoit.	
			X				that I am filing this	
				report not later that the report	tnan the 14ti as originally 1	n busines filed is ina	ss day after the date accurate or incomp	e i learned lete. I
				swear, or affirn	n, that any er	ror or om	ission in the report	as originally
				filed was made	: iii good taitr	I.		
					Mr. Wa	ılter J. C	Coppage	
				Si	ignature of C	andidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
	Sworn to and subsci	ribed before me, by the sai	d			, this th	ie	day
	of	, 20, to cert	ify which, witness my	hand and seal of	office.			
	Signature of office	er administering oath	Printed name of o	fficer administeri	ng oath	Т	itle of officer admin	istering oath
	- 9				<b>J</b>	•		9

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00086193		2 Total pages filed: 22
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	Mr.	Walter J.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	. 10/06/2024
		Coppage			
4 CANDIDATE /	ADDRESS / PO BOX; APT		·V·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	1401 Holliday Street	73011L#, CIT	١,	ZIF CODE	
MAILING ADDRESS	#200				Receipt # Amount
Change of Address	Wichita Falls, TX 76301				
	Wichita Falls, TX 70301				Date Processed
					Date Imaged
					Date imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Walter J.			
INCHINE					
	NICKNAME	LAST		SUFFIX	
		Coppage			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP <sup>-</sup>	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1401 Holliday Street				
(Residence or Business)	#200				
(,	Wichita Falls, TX 76301				
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION		
TREASURER	(940) 782-8811				
PHONE					
8 REPORT				_	_
TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified	Final Report (Attach C/OH-FR)
				reporting limit	<b>_</b>
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2024	TH	HROUGH	09/26/202	4
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year 11/05/2024	LIP	rimary	Runoff	Other
	11/03/2024	XG	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
	None Wichita			State Representa	ative District 69
		GO T	O PAGE 2		

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

3 of 22

13 C / OH NAME	Coppage, Walter J. (	Mr.)	<b>14</b> Filer ID (I 00086193	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in It officeholders are required to report this information	the candidate's or office	holder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
Ш	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 4,012.00			
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,446.18			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 4,699.68			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Mr. M	/alter J. Coppage				
			Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	OVE					
Sworn to and subs	cribed before me. by the s	aid	. this the	day			
		ertify which, witness my hand and seal of office.	·				
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

nmission Filers) OTAL AMOUNT
OTAL AMOUNT
4,012.00
777.32
2,668.86

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/8 Rpt: 5/22	
2	FILER NAME Coppage, W	alter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	on Filers)
4	Date 09/04/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$273.00
_	Deireirel	Wichita Falls, TX 76308	O Faralance (Construction			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Date 09/23/2024	Full name of contributor out-of-state PAC (ID#:_Anonymous, Contribution  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$61.00
	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions)	Employer (See Instructions	_		
	i illicipai occu	odion 7 oob title (See mattactions)	Employer (See instructions	')		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#:_Ayers, Benay  Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Wichita Falls, TX 76308				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	i)		
	Date 09/06/2024	Full name of contributor out-of-state PAC (ID#:_ Capps, Emerson Contributor address; City; State; Zip Code Wichita Falls, TX 76308	)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions None	)		
	Date 08/26/2024	Full name of contributor out-of-state PAC (ID#:_Clark, B.  Contributor address; City; State; Zip Code  Electra, TX 76360			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 2/8 Rpt: 6/22	
2	FILER NAME Coppage, W	alter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	n Filers)
4	Date 08/20/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$100.00
0	Dringing oggu	Wichita Falls, TX 76308	0. Employer (See Instructions	<u></u>		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	>)		
	Date 07/18/2024	Full name of contributor out-of-state PAC (ID#: Coppage, D Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$100.00
	Principal occu	Wichita Falls, TX 76302 pation / Job title (See Instructions)	Employer (See Instructions	<u>:)</u>		
	i illicipal occu		Employer (See motradions	<i>-</i> )		
	Date 08/20/2024	Full name of contributor out-of-state PAC (ID#: Coppage, D  Contributor address; City; State; Zip Code	)	•	Amount of Contribution (\$)	\$100.00
		Wichita Falls, TX 76302				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/05/2024	Full name of contributor out-of-state PAC (ID#: Costello, Diana Contributor address; City; State; Zip Code Wichita Falls, TX 76309	)	•	Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (ID#: Eckert, Barbara  Contributor address; City; State; Zip Code  Wichita Falls, TX 76309			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			•			

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 3/8 Rpt: 7/22	
2	FILER NAME Coppage, W	LER NAME pppage, Walter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	n Filers)
4	Date 07/23/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$10.00
8	Principal occu	Wichita Falls, TX 76306 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
•	r inicipal occu	pation / Job title (See Instructions)	2 Employer (See instructions	•)		
	Date 08/31/2024	Full name of contributor out-of-state PAC (IE Flanigan, Rosie  Contributor address; City; State; Zip Code  Wichita Falls, TX 76301			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>l</u> 5)		
	Date 09/10/2024	Full name of contributor out-of-state PAC (ID Goodwin, Vikki Contributor address; City; State; Zip Code	)#:)		Amount of Contribution (\$)	\$100.00
	Detectional	Austin, TX 78739	Tour lease (One heater at ince	<u></u>		
	Real Estate	pation / Job title (See Instructions)	Employer (See Instructions Self: Goodwin & Goodw		Real Estate	
	Date 08/23/2024	Full name of contributor			Amount of Contribution (\$)	\$100.00
	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Date 08/15/2024	Full name of contributor out-of-state PAC (ID Hudson, Patti  Contributor address; City; State; Zip Code  Rule, TX 79547	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how to co	mplete this fo	orm.	1	Total pages Schedule A1: Sch: 4/8 Rpt: 8/22	
2	FILER NAME Coppage, W	R NAME page, Walter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	n Filers)	
4	Date 08/30/2024	<ul> <li>5 Full name of contributor out- Marks, Noelle</li> <li>6 Contributor address; City; State; Zip</li> </ul>	of-state PAC (ID#: Code	)	7	Amount of Contribution (\$)	\$50.00
0	Dringing! goog	Wichita Falls, TX 76310		• Employer (Coo Instructions			
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	)		
	Date 08/26/2024	Full name of contributor out- Merkle, Greg  Contributor address; City; State; Zip  Wichita Falls, TX 76301	of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 08/28/2024	Full name of contributor out- Miller, Penny  Contributor address; City; State; Zip  Wichita Falls, TX 76310	of-state PAC (ID#:_  Code	)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/26/2024	Overton, David  Contributor address; City; State; Zip	of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu	Austin, TX 78723 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 09/19/2024	Full name of contributor out- Reed, Barbara  Contributor address; City; State; Zip  Wichita Falls, TX 76309	of-state PAC (ID#:_ Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CONTRIBUTI	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 5/8 Rpt: 9/22	
2	FILER NAME Coppage, W	alter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	n Filers)
4	Date 09/19/2024	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$25.00
ρ	Principal occu	Wichita Falls, TX 76306 pation / Job title (See Instructions)	9 Employer (See Instructions	6)		
•	r inicipal occu	pation / Job title (See Instructions)	3 Employer (See Instructions	3)		
	Date 08/01/2024	Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	wichita Falls, TX 76308 pation / Job title (See Instructions)	Employer (See Instructions	 s)		
		,				
	Date 08/07/2024	Full name of contributor out-of-state PAC (ID# Shrubs, Kelly Contributor address; City; State; Zip Code	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu	Wichita Falls, TX 76306 pation / Job title (See Instructions)	Employer (See Instructions	e)		
	Office Manag		Aspen Dental	3)		
	Date 09/07/2024	Full name of contributor out-of-state PAC (ID# Shrubs, Kelly Contributor address; City; State; Zip Code  Wichita Falls, TX 76306	#:)		Amount of Contribution (\$)	\$5.00
	Principal occu Office Mana	pation / Job title (See Instructions)	Employer (See Instructions Aspen Dental	s)		
	Date 09/19/2024	Full name of contributor out-of-state PAC (IDF Stangl, Rita  Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	#:)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUT	IONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this	s form.	1	Total pages Schedule A1: Sch: 6/8 Rpt: 10/22	
2	FILER NAME Coppage, W	alter J. (Mr.)		3	Filer ID (Ethics Commission 00086193	n Filers)
4	Date 08/15/2024	<ul> <li>Full name of contributor  out-of-state PAC (IE Stone, Maxine</li> <li>Contributor address; City; State; Zip Code</li> </ul>	D#:)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Haskell, TX 79521 pation / Job title (See Instructions)	Employer (See Instructions	·/		
0	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	·)		
	Date 09/01/2024	Full name of contributor out-of-state PAC (IE Taylor, Diann  Contributor address; City; State; Zip Code  Wichita Falls, TX 76306			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ;)		
	Date 07/24/2024	Full name of contributor out-of-state PAC (IE Texas Democratic Women of Wichita County Contributor address; City; State; Zip Code Wichita Falls, TX 76308			Amount of Contribution (\$)	\$683.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>                                      </u>		
	Date 08/17/2024	Full name of contributor out-of-state PAC (IE Vernon, Frances Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Date 08/17/2024	Full name of contributor out-of-state PAC (IE Vernon, Frances  Contributor address; City; State; Zip Code  Wichita Falls, TX 76308	<u> </u> D#:)		Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>(</u>		

	MONET	ARY POLITICAL (	CONTRIBUTIO	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/8 Rpt: 11/22	
2	FILER NAME Coppage, W	'alter J. (Mr.)			3	Filer ID (Ethics Commission 00086193	n Filers)
4	Date 09/02/2024	<ul><li>5 Full name of contributor Vernon, Frances</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:_ ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions		9 Employer (See Instructions	:) 		
	Date 09/17/2024	Full name of contributor  Vernon, Frances  Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$25.00
	Principal occu	Wichita Falls, TX 76308 pation / Job title (See Instructions	0	Employer (See Instructions	)   		
	T Illioipai occu	pation / oob title (eee metrocione	,	Employer (See mandenons	·/		
	Date 09/18/2024	Full name of contributor Williams, Andrea Contributor address; City; Si	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	\$50.00
	Principal occu	Wichita Falls, TX 76301 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> ;)		
	Date 08/20/2024	Full name of contributor Williams, Martha Contributor address; City; Si	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00
	Principal occu	Austin, TX 78728 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> 5)		
	Date 07/04/2024	Full name of contributor Worst, Nancy Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> 5)		

I N	<b>JONET</b>	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
Т	he Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/8 Rpt: 12/22
	ILER NAME Coppage, W	/alter J. (Mr.)		3	Filer ID (Ethics Commission Filers) 00086193
<b>4</b> D	Date  Date  08/13/2024  5 Full name of contributor out-of-state PAC (ID#:)  Worst, Nancy  6 Contributor address; City; State; Zip Code			Amount of Contribution (\$) \$50.00	
8 P	rincinal occu	Allen, TX 75002 pation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u>	
	melpai occa	pation 7 300 title (See instructions)	2 Employer (See manucuona		

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 13/22	Coppage, Walter J. (Mr.)		00086193
4	Date	5 Payee name		•
	07/28/2024	ActBlue Texas		
6	Amount (\$) \$0.40	7 Payee address; City; State; Zip Coc P.O. Box 441146	de	
		Somerville, MA 02144		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant Account Service Charge
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	07/07/2024	ActBlue Texas		
	Amount (\$) \$1.98	Payee address; City; State; Zip Coo P.O. Box 441146	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant Account Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	07/21/2024	ActBlue Texas		
	Amount (\$) \$3.95	Payee address; City; State; Zip Coo P.O. Box 441146	de	
		Somerville, MA 02144		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	(b)	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Merchant Account Service Charge
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held

## POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/5 Rpt: 14/22	Coppage, Walter J. (Mr.) 00086193
4	Date	5 Payee name
	08/14/2024	ActBlue Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$0.20	P.O. Box 441146
		Somerville, MA 02144
8	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.
		Check if Austin, TX, officeholder living expense  Merchant Account Service Charge
		Welchart / locount celvice charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/21/2024	ActBlue Texas
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$7.92	P.O. Box 441146
		Somerville, MA 02144
	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.
		Check if Austin, TX, officeholder living expense  Merchant Account Service Charge
		Wetchant Account Service Charge
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	08/25/2024	ActBlue Texas
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.80	P.O. Box 441146
	420.00	1101.56% 1122.10
		Somerville, MA 02144
	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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Merchant Account Service Charge
L	0 1. 2	
1	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
L		

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services  The Instruction Guide	Salaries/	Wages	/Contract Labor		OTHER (enter a	category not listed above)	)
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission	Filers)
	Sch: 3/5 Rpt: 15/22	Coppage,	Walter J. (Mr.)					00086193		
4	Date	5 Payee nam	e							
	09/01/2024	ActBlue To	exas							
6	Amount (\$)	7 Payee addr	ess; City;	State; Zip C	ode					
	\$7.91	P.O. Box 4	141146							
			e, MA 02144							
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Fees				므		de of Texas. Com , officeholder living	plete Schedule T. a expense	
						Merchant Acc				
									J	
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught			Office he	eld	
F	Date	Payee nam	e							
	09/08/2024	ActBlue To	exas							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$40.69	P.O. Box 4	141146							
		Somerville	e, MA 02144							
	PURPOSE OF	(a) Category	See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Fees				<b>=</b>		ide of Texas. Com , officeholder living	plete Schedule T.	
						Merchant Acc				
						moronant / toc		0017100 0	J. Id. 90	
	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	<u>l</u> ught			Office he	eld	
F	Date	Payee nam	e							
	09/15/2024	ActBlue To								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$3.95	P.O. Box		эт, тр						
	40.00	1101201								
		Somerville	e, MA 02144		_					
	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description				
	EXPENDITURE	Fees						ide of Texas. Com , officeholder living	plete Schedule T.	
						Merchant Acc				
						Werenant Acc		int Service C	Sharge	
$\vdash$	Complete ONLY if direct	Candidate/O	fficeholder name	Office so	uaht			Office he	2ld	
	expenditure to benefit C/OI		meendael Hame	Office 50	agni			Onice III	Jiu	
$\vdash$										
<u></u>										01 =

## 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

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

	Credit Card Payment	The Instruction Guide explains how to comp	elete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 4/5 Rpt: 16/22	Coppage, Walter J. (Mr.)	00086193
4	Date	5 Payee name	•
	09/22/2024	ActBlue Texas	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.97	P.O. Box 441146	
		Somerville, MA 02144	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Merchant Account Service Charge
_	Commists ONII V if diseast	Condidate /Office helder repres	A Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
L			
	Date	Payee name	
	09/09/2024	Archer County News	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$198.00	P.O. Box 1125	
		Archer City, TX 76351	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	) Description
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Newspaper advertising
			, ,
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	09/09/2024	Sawyer printing & promo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$393.55	2012 Kell Blvd.	
		Wichita Falls, TX 76301	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	) Description
	OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Sign expense
L	0 1: 0:::::::::::::::::::::::::::::::::		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

## POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

## SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/	Expense Wages/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:					- 1	iler ID	(Ethics Commission Filers)
L	Sch: 5/5 Rpt: 17/22	Coppage,	Walter J. (Mr.)			(	00086193	
4	Date	5 Payee name						
L	09/04/2024	Welch, Sir						
6	Amount (\$)	7 Payee addr		State; Zip C	ode			
	\$100.00	5116 Wild	flower					
		Wichita Fa	alls, TX 76310					
8	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b) Description			
	OF EXPENDITURE		/ages/Contract Labor				e of Texas. Comp officeholder living	olete Schedule T.
					Tech Suppo		inicentiaer living	expense
9	Complete ONLY if direct expenditure to benefit C/OI		fficeholder name	Office so	ught		Office he	ld

## 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

	The Inst	ruction Guide explains how	to complete this form.			
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)
Sch: 1/5 Rpt: 18/22	Coppage, Walter J.	(Mr.)		00086193		
4 CREDIT CARD ISSUER		ncial institution nk, N.A.	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$650.00	(b) Date of Charge 07/01/2024	(c) Date(s) Credit Card Issue 07/24/2024	r Paid		
7 PAYEE	(a) Payee name  Texas Democratic I	Party	(b) Payee address; P.O. Box 15707	City,	State,	Zip Code
	( ) -		Austin, TX 78761			
8 PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Fees	of this schedule)	(b) Description Texas Voter Activation No	etwork		
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX,	, officeholder living expe	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
expenditure to benefit C/OH						
PAYMENT	(a) Amount Charged \$48.88	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 08/25/2024	r Paid		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
	The Stamford Star		P.O. Box 1178			
			Stamford, TX 79553			
PURPOSE OF EXPENDITURE    X   Political	(a) Category (See Categories listed at the top Subscription	of this schedule)	(b) Description Newspaper subscription			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX.	, officeholder living expe	ense	
Complete ONLY if direct	Candidate/Officeholder	· · · · · · · · · · · · · · · · · · ·	e sought	Office held		
expenditure to benefit C/OH			ŭ			
PAYMENT	(a) Amount Charged \$104.00	(b) Date of Charge 08/06/2024	(c) Date(s) Credit Card Issue 08/25/2024	r Paid		
PAYEE	(a) Payee name  The Stamford Star	ı	(b) Payee address; P.O. Box 1178 Stamford, TX 79553	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Description Newspaper advertising			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expe	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

#### 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

	The Inst	ruction Guide explains how	to complete this form.		,	,
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 2/5 Rpt: 19/22	Coppage, Walter J.	(Mr.)		00086193		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
6 PAYMENT	(a) Amount Charged \$20.25	(b) Date of Charge 08/12/2024	(c) Date(s) Credit Card Issue 08/25/2024	r Paid		
7 PAYEE	(a) Payee name Office Depot		(b) Payee address; 3201 Lawrence Rd, Suite Wichita Falls, TX 76308	City, : 350	State,	Zip Code
8 PURPOSE OF	(a) Category		(b) Description			
EXPENDITURE  X Political	(See Categories listed at the top Office supplies	of this schedule)	Office supplies			
Non-Political (c) Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX	, officeholder living exp	ense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid		
TANIEN	\$219.00	08/13/2024	08/25/2024	. i did		
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
USPS		4001 Southwest Pkwy.				
		Wichita Falls, TX 76308				
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top of this schedule) Postage		(b) Description Postage			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$280.00	(b) Date of Charge 08/13/2024	(c) Date(s) Credit Card Issue 08/25/2024	r Paid		
PAYEE	(a) Payee name USPS		(b) Payee address; 4001 Southwest Pkwy. Wichita Falls, TX 76308	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  X Political	(a) Category (See Categories listed at the top Postage	of this schedule)	(b) Description Postage			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

## 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

	The Inst	ruction Guide explains how	to complete th	nis form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	cs Commiss	sion Filers)
Sch: 3/5 Rpt: 20/22	Coppage, Walter J.	(Mr.)			00086193		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED DITURES ED TO A CREDIT	\$		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$189.00	08/20/2024					
7 PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Banner Publishing	Company		rris Street			
	() 2 :		Seymour, TX 76380				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descript				
X Political	Advertising Expense	,	Newspape	er Advertising			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct Candidate/Officeholder name Office sought				Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$480.00	08/20/2024					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
Clay County Leader		114 W. Ika	ard St.				
			Henrietta,	TX 76365			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Descript				
EXPENDITURE 			Newspaper Advertising				
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
			e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid		
	\$185.00	08/21/2024					
PAYEE	(a) Payee name	I	(b) Payee a	ddress;	City,	State,	Zip Code
				thwest Pkwy.	2.		·
USPS				,			
			Wichita Falls, TX 76308				
PURPOSE OF	(a) Category		(b) Descript	ion			
EXPENDITURE	(See Categories listed at the top Postaage	of this schedule)	Postage				
X Political	- Oslaage						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							

#### 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

	The Insti	ruction Guide explains how	to complete this form.	( ug )				
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)	)			
Sch: 4/5 Rpt: 21/22	Coppage, Walter J.	(Mr.)		00086193				
4 CREDIT CARD ISSUER		ncial institution	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$				
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid	_			
	\$70.14	08/22/2024						
7 PAYEE	(a) Payee name Office Depot		(b) Payee address; 3201 Lawrence Rd, Suite	City, State, Zip Cod 350	ət			
			Wichita Falls, TX 76308					
8 PURPOSE OF	(a) Category	-f.4b-ibb-1-\	(b) Description					
EXPENDITURE	(See Categories listed at the top Office expense	of this schedule)	Office expense					
X Political								
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete ONLY if direct Candidate/Officeholder name Office			e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$28.24	08/23/2024						
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Cod	de			
	Office Depot		3201 Lawrence Rd, Suite	350				
			Wichita Falls, TX 76308					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top Office expense	of this schedule)	Office expense					
X Political	Cinice expense							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct	Complete ONLY if direct Candidate/Officeholder name Officeholder			Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid				
	\$39.00	08/26/2024						
PAYEE	(a) Payee name	l	(b) Payee address;	City, State, Zip Cod	de			
			424 Burlington Avenue					
	Paragraph Ranch L	LC	3					
			Spur, TX 79370					
PURPOSE OF	(a) Category		(b) Description					
EXPENDITURE	(See Categories listed at the top	•	Newspaper Subscription					
X Political	Newspaper Subscript	IUH						
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	<u> </u>	e sought	Office held				
, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

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

USPS  4001 Southwest Pkwy.  Wichita Falls, TX 76308  8 PURPOSE OF EXPENDITURE	Candidate/Officenoider/Political	-	ruction Guide explains how	to complete the		HER (enter a catego	ny not listeu a	bove)
A CREDIT CARD ISSUER   Name of financial institution See previous   S CHARGED TO A CREDIT CARD CARD CARD CARD CARD CARD CARD CARD	1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Eth	ics Commis	sion Filers)
A CREDIT CARD ISSUER   Name of financial institution see previous   STOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	l ' '		. (Mr.)			00086193		
\$112.00 08/29/2024  7 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code 4001 Southwest Pkwy.  USPS Wichita Falls, TX 76308  8 PURPOSE OF EXPENDITURE (see Categories listed at the top of this schedule) Postage    Non-Political   Complete ONLY if direct expenditure to benefit C/OH    PAYMENT   Candidate/Officeholder name   Office sought   Office held		Name of fina	ncial institution	EXPEND CHARGI	DITURES			
Paye   (a) Payee name	6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
USPS    4001 Southwest Pkwy.		\$112.00	08/29/2024					
S	7 PAYEE					City,	State,	Zip Code
S				Wichita Fa	alls, TX 76308			
Postage    Postage   Postage   Postage   Postage	8 PURPOSE OF	(a) Category						
Non-Political   Complete ONLY if direct expenditure to benefit C/OH   Candidate/Officeholder name   Office sought   Office held	EXPENDITURE		of this schedule)	Postage				
9 Complete ONLY if direct expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$243.35  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name  Double Mountain Chronicle  PURPOSE OF EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office sought  Office held  Office held  Office sought  Office held  Office held	X Political	Postage						
expenditure to benefit C/OH  PAYMENT  (a) Amount Charged \$243.35  (b) Date of Charge (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name (b) Payee address; City, State, Zip Code  114 E Sammy Baugh Ave  Double Mountain Chronicle  Rotan, TX 79546  PURPOSE OF EXPENDITURE    X Political   Non-Political   Non-Political   Non-Political   Complete QNLY if direct   Candidate/Officeholder name   Coffice sought   Office held	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	' г	Check if Austin, TX,	officeholder living ex	pense	
PAYMENT  (a) Amount Charged \$243.35  (b) Date of Charge  (c) Date(s) Credit Card Issuer Paid  PAYEE  (a) Payee name  (b) Payee address; City, State, Zip Code  114 E Sammy Baugh Ave  Double Mountain Chronicle  Rotan, TX 79546  PURPOSE OF  EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  (c) Date(s) Credit Card Issuer Paid  (d) Date(s) Credit Card Issuer Paid  (e) Date(s) Credit Card Issuer Paid  (b) Payee address; City, State, Zip Code  114 E Sammy Baugh Ave  (b) Description  Newspaper advertising  Check if Austin, TX, officeholder living expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
PAYEE  (a) Payee name  Double Mountain Chronicle  PURPOSE OF EXPENDITURE  X Political  Non-Political  Non-Political  Complete ONLY if direct  Candidate/Officeholder name  (b) Payee address; City, State, Zip Code 114 E Sammy Baugh Ave  (b) Description  Rotan, TX 79546  (b) Description  Newspaper advertising  (b) Description  Newspaper advertising	expenditure to benefit C/OH							
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  X Political  Non-Political  Non-Political  Complete ONLY if direct  (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Newspaper advertising  Check if vavel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate/Officeholder name  Office sought  Office held	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	<sup>-</sup> Paid		
Double Mountain Chronicle  PURPOSE OF EXPENDITURE  X Political Non-Political Non-Political Complete ONLY if direct  Compl		\$243.35	09/04/2024					
Double Mountain Chronicle    PURPOSE OF EXPENDITURE	PAYEE	(a) Payee name	<u> </u>	(b) Payee a	iddress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE    X   Political     Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held		Double Mountain Chronicle		114 E Sar	mmy Baugh Ave			
EXPENDITURE    X   Political   Advertising Expense   Newspaper advertising     Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought     Office held   Newspaper advertising     Newspaper advertising     Newspaper advertising     Newspaper advertising     Newspaper advertising     Newspaper advertising     Office is out   Office is out     Office held     Office held     Office held     Office is out     Office held     Office is out     Office held     Office is out     Office is out     Office held     Office is out     Office held     Office is out     Office is out     Office held     Office is out     Office is out				Rotan, TX	79546			
Advertising Expense    Non-Political   Complete ONLY if direct   Candidate/Officeholder name   Office sought   Office held					tion			
X   Political   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense			Newspaper advertising					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	X Political	X Political Advertising Expense						
Sompton Street in an out	Non-Political (c) Check if travel outside of Texas. Complete Schedule T.				Check if Austin, TX,	officeholder living ex	pense	
	I	Candidate/Officeholder	name Offic	e sought		Office held		