

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088581	2 Total pages filed: 4				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
		SUFFIX				
NICKNAME			Convention of States Action				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	<input type="checkbox"/> Change of Address 5850 San Felipe Ste. 580A Houston, TX 77057						
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(540) 441-7227							
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election					
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election					
	<input type="checkbox"/> Runoff						
7 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
10/01/2024						10/26/2024	
8 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
11/05/2024			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Steve Kinard State Representative				
			B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported				
			B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
	GO TO PAGE 2						

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FORM DCE
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10 FILER NAME Convention of States Action		11 Filer ID (Ethics Commission Filers) 00088581
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 167.69
	2. TOTAL POLITICAL EXPENDITURES	\$ 167.69

13 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.

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

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

SUBTOTALS - DCE

FORM DCE
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3 of 4

14 FILER NAME Convention of States Action		15 Filer ID (Ethics Commission Filers) 00088581
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 167.69
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/1 Rpt: 4/4	2 FILER NAME Convention of States Action	3 Filer ID (Ethics Commission Filers) 00088581
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 167.69
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5 Date	6 Payee name
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7 Amount (\$)	8 Payee address; City; State; Zip Code
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.

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