

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

| | | |
|---|---|---|
| 10 FILER NAME Texas Home School Coalition Association | | 11 Filer ID (Ethics Commission Filers) 00070169 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 6,273.72 |

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

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FORM **DCE**
ADDENDUM

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|---|---|--|
| 10 FILER NAME Texas Home School Coalition Association | | 11 Filer ID (Ethics Commission Filers) 00070169 |
| 12 COMMITTEE 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 Mrs. Denise Villalobos 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) | |
| 12 COMMITTEE 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 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) | Mrs. Janie Lopez State Representative |
| 12 COMMITTEE 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 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) | Caroline Harris Davila State Representative |

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|---|---|--|
| 10 FILER NAME Texas Home School Coalition Association | | 11 Filer ID (Ethics Commission Filers) 00070169 |
| 12 COMMITTEE 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 Mr. 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) | |
| | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported Mr. Robert Garza 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) | |
| 12 COMMITTEE 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 Mr. Don McLaughlin 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) | |

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| 10 FILER NAME Texas Home School Coalition Association | 11 Filer ID (Ethics Commission Filers) 00070169 |
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|---|---|-------------------------------------|--|
| 12 COMMITTEE 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 | |
| | | 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) | Mr. John Lujan State Representative | |
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|---|---|--------------------------------------|--|
| 12 COMMITTEE 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 | |
| | | 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) | Mr. Marc LaHood State Representative | |
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SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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| | | |
|---|---|---|
| 14 FILER NAME Texas Home School Coalition Association | | 15 Filer ID (Ethics Commission Filers) 00070169 |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES | \$ 6,273.72 |
| 2. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |

POLITICAL EXPENDITURES

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: 1/1 Rpt: 7/7 | 2 FILER NAME Texas Home School Coalition Association | 3 Filer ID (Ethics Commission Filers) 00070169 | |
| 4 Date 10/11/2024 | 5 Payee name Mail Pro USA | | |
| 6 Amount (\$) \$6,273.72 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2016 E Randol Mill Rd Ste 408 Arlington, TX 76011 | | |
| 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. Postage for physical direct mail pieces | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |