FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084981 3 COMMITTEE NAME **OFFICE USE ONLY** Texas Pro Business Coalition Date Received **ELECTRONICALLY FILED** 10/30/2024 COMMITTEE ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP **ADDRESS** PO Box 953 Change of Address Colleyville, TX 76034 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Frederick C. NAME Date Processed **NICKNAME** LAST **SUFFIX** Date Imaged Tate CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 959 W Glade Rd STREET **ADDRESS** (Residence or Business) Hurst, TX 76054 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** PO Box 953 MAILING **ADDRESS** Change of Address Colleyville, TX 76034 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (469) 290-7500 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 December 5 September 5 March 5 June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 09/26/2024 10/25/2024

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MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

			ı		
2 COMMITTEE NAME 13 Fi			r ID	(Ethics Commission Filers)	
Texas Pro Business (Coalition		000	84981	
4 COMMITTEE	1. Candidates	A. Supported	•		
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manageman	A. Supported			
	Measures (Describe by date and location	A. Supported			
	of election and nature of issue.)				
		B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if applicable, classify by party.)				
L5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTH OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold		\$	0.00
	2. TOTAL POLITICA	·	-	1	
	(OTHER THAN PLE	OGES, LOANS, OR GUARANTEES O	F LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZEI	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES		\$	306.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	10,710.07	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$	0.00
6 AFFIDAVIT				1	
		I swear, or affirm, under true and correct and inc under Title 15, Election	cludes all information	nat the acc required t	companying report is o be reported by me
			Frederick C. T	ate	
		Si	gnature of Campaign		<u> </u>
AFFIX NOTAF	RY STAMP / SEAL ABOVE	<u> </u>	griataro or Campaign		
Sworn to and subscrib	ad hafara ma by tha said		this the		day
		which, witness my hand and seal of off			uay
U		which, whitess my hard and sear or on	iloc.		
Signature of officer	administering oath	Printed name of officer administering of	oath Title	e of office	r administering oath

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

			3 of 4
17 COMMITTEE NAME Texas Pro Business Coalition		18 Filer ID 00084981	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICA	L CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUT	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE C1: MONETARY CONTRIB ORGANIZATION	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
5. SCHEDULE C2: NON-MONETARY (IN-I	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION		\$
6. SCHEDULE C3: MONETARY SUPPOR	FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SUP ORGANIZATION	PORT FROM CORPORATION OR LABOR		\$
8. SCHEDULE D: PLEDGED CONTRIBUT	ONS FROM CORPORATION OR LABOR (DRGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. X SCHEDULE F1: POLITICAL EXPENDIT	URES FROM POLITICAL CONTRIBUTIONS	6	\$ 306.92
11. SCHEDULE F2: UNPAID INCURRED O	BLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVES	TMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MADE	BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPEND	DITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, G. TO FILER	AINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Candidate/Officeholder/Politica Credit Card Payment	Il 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: 1/1 Rpt: 4/4	Texas Pro Business Coalition 00084981				
4 Date	5 Payee name				
10/16/2024	CFO Shield, LLC dba Red Elephant Reports				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$270.36	959 W. Glade Rd.				
Expenditure from corporate funds	Hurst, TX 76035				
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.				
	Check if Austin, TX, officeholder living expense				
	Campaign Bookkeeping Services and Support				
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
Date	Payee name				
10/16/2024	Plains Capital Bank				
Amount (\$)	Payee address; City; State; Zip Code				
\$36.56	325 Saint Paul Street, Suite 800				
Expenditure from corporate funds	Dallas, TX 75201				
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Monthly Service Fee				
	Montally dervice i de				
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				