

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00086193 | <b>2</b> Total pages filed:<br>6   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Walter J.  | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/12/2025 |
|   | NICKNAME<br>LAST<br>Coppage   | SUFFIX  |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>1401 Holliday Street<br>#200<br>Wichita Falls, TX 76301   |   | ZIP CODE   | Date Hand-delivered or Date Postmarked   |
|   |   |   |  | Receipt #      Amount  |
|   |   |   |  | Date Processed   |
|   |   |   |  | Date Imaged  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mr.  | FIRST<br>Walter J.  | MI<br>MI   |  |
|   | NICKNAME<br>LAST<br>Coppage   | SUFFIX  |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>1401 Holliday Street<br>#200<br>Wichita Falls, TX 76301  |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(940)  | PHONE NUMBER<br>782-8811                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month      Day      Year<br>10/27/2024  | THROUGH   |  | Month      Day      Year<br>12/31/2024   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month      Day      Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>None  |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 69   |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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

|                               |   |    |          |
|-------------------------------|---|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 25.00    |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 3,313.49 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 1,253.08 |
| 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**

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|  |   |   |
|--|---|---|
| <b>18 FILER NAME</b><br>Coppage, Walter J. (Mr.) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00086193 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |   | SUBTOTAL AMOUNT   |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 25.00  |
| 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        | \$ 3,013.49   |
| 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                           | \$ 300.00   |
| 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**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 1/1 Rpt: 4/6   |
| <b>2</b> FILER NAME<br>Coppage, Walter J. (Mr.)                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086193 |
| <b>4</b> Date<br>11/02/2024                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Vernon, Frances<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Wichita Falls, TX 76308 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 5/6       | <b>2</b> FILER NAME<br>Coppage, Walter J. (Mr.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086193  |
| <b>4</b> Date<br>11/03/2024                                  | <b>5</b> Payee name<br>ActBlue Texas   |   |
| <b>6</b> Amount (\$)<br>\$0.99                               | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 441146<br><br>Somerville, MA 02144   |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Merchant Account Service Charge |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/30/2024   | Payee name<br>KAUZ   |   |
| Amount (\$)<br>\$1,525.00                                    | Payee address; City; State; Zip Code<br>3601 Seymour Hwy.<br><br>Wichita Falls, TX 76309       |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TV spots                        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>10/30/2024   | Payee name<br>KFDX   |   |
| Amount (\$)<br>\$1,487.50                                    | Payee address; City; State; Zip Code<br>4500 Seymour Hwy.<br><br>Wichita Falls, TX 76309       |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TV spots                        |
| 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4:<br>Sch: 1/1 Rpt: 6/6  | <b>2</b> FILER NAME<br>Coppage, Walter J. (Mr.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086193                         |
| <b>4</b> CREDIT CARD ISSUER   | Name of financial institution<br>Citibank, N.A.   | <b>5</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD<br>\$         |
| <b>6</b> PAYMENT  | (a) Amount Charged<br>\$170.82  | (b) Date of Charge<br>10/31/2024   |
| <b>7</b> PAYEE  | (a) Payee name<br>Facebook  | (c) Date(s) Credit Card Issuer Paid<br>12/03/2024                                |
| <b>8</b> PURPOSE OF EXPENDITURE<br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political                                    | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Payee address; City, State, Zip Code<br>1 Hacker Way<br>Menlo Park, CA 94025 |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought      Office held   |
| <b>PAYMENT</b>  | (a) Amount Charged<br>\$20.88   | (b) Date of Charge<br>10/31/2024   |
| <b>PAYEE</b>  | (a) Payee name<br>Facebook  | (c) Date(s) Credit Card Issuer Paid<br>12/03/2024                                |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political                                      | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Payee address; City, State, Zip Code<br>1 Hacker Way<br>Menlo Park, CA 94025 |
| (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   |
| <b>PAYMENT</b>  | (a) Amount Charged<br>\$108.30  | (b) Date of Charge<br>11/30/2024   |
| <b>PAYEE</b>  | (a) Payee name<br>Facebook  | (c) Date(s) Credit Card Issuer Paid<br>12/03/2024                                |
| <b>PURPOSE OF EXPENDITURE</b><br><input checked="" type="checkbox"/> Political<br><input type="checkbox"/> Non-Political                                      | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Payee address; City, State, Zip Code<br>1 Hacker Way<br>Menlo Park, CA 94025 |
| (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   |