

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00070169	2 Total pages filed: 7		
3 FILER NAME	MS / MRS / MR FIRST MI <hr/> NICKNAME LAST SUFFIX Texas Home School Coalition		<div style="text-align: center; border: 1px solid black; padding: 2px;">OFFICE USE ONLY</div> Date Received ELECTRONICALLY FILED 01/15/2025 Date Hand-delivered or Date Postmarked <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 2px;"> <tr> <td style="width: 60%; padding: 2px;">Receipt #</td> <td style="padding: 2px;">Amount</td> </tr> </table> Date Processed Date Imaged	Receipt #	Amount
Receipt #	Amount				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <input type="checkbox"/> Change of Address c/o Tim Lambert P.O. Box 6747 Lubbock, TX 79493				
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (806) 744-4441				
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff				

7 PERIOD COVERED	Month Day Year Month Day Year 10/27/2024 THROUGH 12/31/2024
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8 ELECTION	ELECTION DATE Month Day Year 01/15/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Mr. Hinojosa Adam State Senator	
	B. Opposed		
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported	
	B. Opposed		
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>		

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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	\$ 6,358.86

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. Villalobos Denise 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. Lopez Janie 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)	Mrs. Harris Davila Caroline 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. Kinard Steve 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. Garza Robert 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. McLaughlin Don 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. Lujan John 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)	Mr. LaHood Marc State Representative	

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	\$ 6,358.86
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
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4 Date 11/26/2024	5 Payee name Mail Pro USA
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6 Amount (\$) \$6,273.72	7 Payee address; City; State; Zip Code 2016 E Randol Mill Rd Ste 408 Arlington, TX 76011
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Expenditure from corporate funds

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. Physical Mailers
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/26/2024	Payee name Peerly, Inc
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Amount (\$) \$85.14	Payee address; City; State; Zip Code 2232 Dell Range Road, Suite 287 Raleigh, NC 27617
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Expenditure from corporate funds

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