

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

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|--|--|--|---|--|
| The GPAC Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00085271 | 2 Total pages filed: 10 | |
| 3 COMMITTEE NAME Trinity Conservative Coalition | | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/15/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1816 S. FM 51 Ste. 400-165 Decatur, TX 76234 | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr. Frank C. NICKNAME LAST SUFFIX Wells Jr. | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1816 S. FM 51 Ste. 400-165 Decatur, TX 76234 | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1816 S. FM 51 Ste. 400-165 Decatur, TX 76234 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (817) 680-6312 | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff | | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 01/01/2025 THROUGH 06/30/2025 | | | |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

| | |
|--|---|
| 12 COMMITTEE NAME Trinity Conservative Coalition | 13 Filer ID (Ethics Commission Filers) 00085271 |
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|---|--|--------------|
| 14 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.) | |
| | | |

| | | |
|-------------------------------|--|-------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input checked="" type="checkbox"/> check here if this report qualifies for the higher itemization threshold | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,811.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,391.24 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 3,329.44 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

16 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. Frank C. Wells Jr.

Signature of Campaign Treasurer

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 - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 10

| | | |
|--|---|---|
| 17 COMMITTEE NAME Trinity Conservative Coalition | | 18 Filer ID (Ethics Commission Filers) 00085271 |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4,811.00 |
| 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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 5. | <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 6. | <input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 7. | <input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 8. | <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | \$ |
| 9. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 10. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 3,391.24 |
| 11. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 13. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 14. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 15. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/10 |
| 2 FILER NAME Trinity Conservative Coalition | | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 03/12/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belew, Paul <hr/> 6 Contributor address; City; State; Zip Code Decatur, TX 76234 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Attorney | | 9 Employer (See Instructions) Paul Belew plc |
| Date 03/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, JD <hr/> Contributor address; City; State; Zip Code Chico, TX 76431 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) County Judge | | Employer (See Instructions) Wise County |
| Date 04/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gunter, Kelton <hr/> Contributor address; City; State; Zip Code Weathford, TX 76086 | Amount of Contribution (\$) \$550.00 |
| Principal occupation / Job title (See Instructions) Self Employed | | Employer (See Instructions) Self Employed |
| Date 03/16/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) self |
| Date 03/22/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Monica <hr/> Contributor address; City; State; Zip Code Boyd, TX 76023 | Amount of Contribution (\$) \$1.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/10 |
| 2 FILER NAME Trinity Conservative Coalition | | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 03/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopper, Sam 6 Contributor address; City; State; Zip Code Bridgeport, TX 76426 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) video producer | | 9 Employer (See Instructions) self |
| Date 03/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Daniel Contributor address; City; State; Zip Code Newark, TX 76071 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 03/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Colby Contributor address; City; State; Zip Code Bridgeport, TX 76426 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Commissioner | | Employer (See Instructions) Wise County |
| Date 04/10/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Michael Contributor address; City; State; Zip Code Fort Worth, TX 76164 | Amount of Contribution (\$) \$550.00 |
| Principal occupation / Job title (See Instructions) General Contractor | | Employer (See Instructions) Marathon Commercial Construction |
| Date 03/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smither, Charles Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) Auctioneer | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/10 |
| 2 FILER NAME Trinity Conservative Coalition | | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 03/25/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Gun Rights <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704 | 7 Amount of Contribution (\$) \$1,300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Cathy <hr/> Contributor address; City; State; Zip Code Decatur , TX 76234 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) homemaker | | Employer (See Instructions) self |
| Date 03/18/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winship, Terri <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$30.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 01/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise County Conservatives <hr/> Contributor address; City; State; Zip Code Decatur, TX 76234 | Amount of Contribution (\$) \$40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/09/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Multatech Engineering Inc |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/10 |
| 2 FILER NAME Trinity Conservative Coalition | | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 02/28/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> 6 Contributor address; City; State; Zip Code Aledo, TX 76008 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Electrical Engineer | | 9 Employer (See Instructions) Multatech Engineering Inc |
| Date 03/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Multatech Engineering Inc |
| Date 04/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Multatech Engineering Inc |
| Date 05/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Multatech Engineering Inc |
| Date 06/28/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynne II, Harry <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008 | Amount of Contribution (\$) \$5.00 |
| Principal occupation / Job title (See Instructions) Electrical Engineer | | Employer (See Instructions) Multatech Engineering Inc |

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/3 Rpt: 8/10 | 2 FILER NAME Trinity Conservative Coalition | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 02/12/2025 | 5 Payee name A Cut Above | |
| 6 Amount (\$) \$1,300.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 450 N Meadow Dr Dammeron, UT 84783 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Prizes |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 06/30/2025 | Candidate/Officeholder name Anedot | |
| Amount (\$) \$131.94 <input type="checkbox"/> Expenditure from corporate funds | Office sought 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing fee |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 03/25/2025 | Candidate/Officeholder name Bluestone Creatives | |
| Amount (\$) \$300.00 <input type="checkbox"/> Expenditure from corporate funds | Office sought 2801 Network Boulevard Suite 300 Frisco, TX 75034 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

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.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/3 Rpt: 9/10 | 2 FILER NAME Trinity Conservative Coalition | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 06/09/2025 | 5 Payee name Bluestone Creatives | |
| 6 Amount (\$) \$675.08 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2801 Network Boulevard Suite 300 Frisco, TX 75034 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense consulting |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/09/2025 | Payee name Enchilada Chick | |
| Amount (\$) \$200.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1200 Deer Park Rd Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Catering deposit for September event |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 03/11/2025 | Payee name First Financial Bank | |
| Amount (\$) \$35.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 608 W Hale Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: Sch: 3/3 Rpt: 10/10 | 2 FILER NAME Trinity Conservative Coalition | 3 Filer ID (Ethics Commission Filers) 00085271 |
| 4 Date 02/05/2025 | 5 Payee name Fossil Pointe Sporting Grounds | |
| 6 Amount (\$) \$500.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 7282 N FM 51 Decatur, TX 76234 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Deposit |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/04/2025 | Candidate/Officeholder name Payee name Raindrop | |
| Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 4151 N Traverse Mountain Blvd. #1-202 Lehi, UT 84043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) texting | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/17/2025 | Candidate/Officeholder name Payee name Signwise | |
| Amount (\$) \$229.22 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 405 Circle Dr Decatur, TX 76234 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense signs |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |