FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087864 3 COMMITTEE NAME **OFFICE USE ONLY** Coalition For the Fort Date Received **ELECTRONICALLY FILED** 07/15/2025 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3808 Trail Lake Drive Date Hand-delivered or Date Postmarked Change of Address Fort Worth, TX 76109 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Stephen NAME NICKNAME LAST **SUFFIX** Luskey STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 471353 STREET **ADDRESS** (Residence or Business) Fort Worth, TX 71647 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 101652 MAILING **ADDRESS** Fort Worth, TX 76185 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (817) 929-7997 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/24/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 05/03/2025 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Coalition For the Fort			00087864	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mia Hall Fort Worth City Counc	cil, Dist 6	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,453.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.15
	4. TOTAL POLITICA	L EXPENDITURES	\$	71,994.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	70,076.06
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT			•	
		I swear, or affirm, under penalty of per true and correct and includes all inforr under Title 15, Election Code.		
		Mr. Steph	en Luskey	
		Signature of Car	mpaign Treasui	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	l before me, by the said	, th	nis the	day
of	_, 20, to certify	which, witness my hand and seal of office.		
Cignotius of officers	Iminintaring anth	Dripted name of officer administratives and	Title of offi	or administaving seek
Signature of officer ac	mmstering datii	Printed name of officer administering oath	Tille OF OHIC	er administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 14

										- ago o or i r
12	COMMITTEE NAME							13 Filer ID	(Ethics	Commission Filers)
	Coalition For the Fort							00087864	1	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		orted	Michael Moore	Fort Worth	City (Council, Dist 5	5	
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted						
			В. Орро	sed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
	COMMITTEE	1. Candidates	A. Supp	orted	Veronica Law	Tarrant Cou	unty C	ollege Board.	District 7	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)					,			
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted						
			В. Орро	sed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supp	orted	Leah King Ta	rant Region	al Wa	ter District Bo	ard of Di	rectors
	(Attach lists on plain paper to complete this report if necessary.)		В. Орро	sed						
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supp	orted						
			В. Орро	sed						
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)								
		applicable, classify by party.)	<u> </u>							

GENERAL-PURPOSE COMMITTEE REPORT:

FORM GPAC ADDENDUM

PURPOSE							ADDENDO
					-		Page 4 of 1
2 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filer
Coalition For the Fort						00087864	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		Charlie L	auersdorf F	ort Worth C	ity Council, Dis	st 4
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed					
	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.)						

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					5 of 14
		EE NAME For the Fort	18 Filer ID 00087864	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE		SI	JBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	8,453.7
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	PR	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORAL LABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG.	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR O	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	71,994.4
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A				
	The Instru	ction Guide explains how to complete this f	m.	1	Total pages Schedule A1: Sch: 1/3 Rpt: 6/14		
2	FILER NAME Coalition For	the Fort			3	Filer ID (Ethics Commission 00087864	n Filers)
4	Date 06/19/2025			7	Amount of Contribution (\$)	\$104.48	
_	B	Fort Worth, TX 76109	_	5 1 (0 1 1 1	_		
8	Principal occu Banker	pation / Job title (See Instructions)	9	Employer (See Instructions Texas Capital	5)		
	Date 05/19/2025				Amount of Contribution (\$)	\$104.48	
	Dringing! goog	Fort Worth, TX 76109	_	Employer (See Instructions	<u></u>		
	Principal occupation / Job title (See Instructions) Banker Employer (See Instruction Texas Capital						
	Date 06/28/2025			•	Amount of Contribution (\$)	\$104.48	
		Fort Worth, TX 76109					
	Principal occu Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions CORE	s)		
	Date 05/28/2025	Full name of contributor out-of-state PAC (ID#:_Blair, Kadee Contributor address; City; State; Zip Code Fort Worth, TX 76109)	•	Amount of Contribution (\$)	\$104.48
	Principal occu Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions	5)		
	Date 04/28/2025	Full name of contributor out-of-state PAC (ID#:_Blair, Kadee Contributor address; City; State; Zip Code Fort Worth, TX 76109			•	Amount of Contribution (\$)	\$104.48
	Principal occu Business De	pation / Job title (See Instructions) velopment		Employer (See Instructions	5)		
			<u> </u>				

	MONET	ARY POLITICAL CONTRIBI		SCHEDUI	E A1		
	The Instruc	ction Guide explains how to complete	this forr	n.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 7/14	
2	FILER NAME Coalition For the Fort					Filer ID (Ethics Commission 00087864	on Filers)
4	Date 04/24/2025	_ = = = = = = = = = = = = = = = = = = =		7	Amount of Contribution (\$)	\$5,000.00	
_		Fort Worth, TX 76116					
8	CEO	pation / Job title (See Instructions)	9	Employer (See Instructions Contango Oil & Gas Co	<u></u>		
	Date Full name of contributor out-of-state PAC (ID#:) Conger, Cooper Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$104.48	
	Principal occu	Fort Worth, TX 76185 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Owner NewPad Building Co						
	Date 05/02/2025				Amount of Contribution (\$)	\$104.48	
		Fort Worth, TX 76185					
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions NewPad Building Co	i)		
	Date 06/13/2025	Full name of contributor out-of-state PA Earwood, Hayley Contributor address; City; State; Zip Code Fort Worth, TX 76109				Amount of Contribution (\$)	\$104.48
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	5)		
	Date 05/13/2025	Full name of contributor out-of-state PA Earwood, Hayley Contributor address; City; State; Zip Code Fort Worth, TX 76109)		Amount of Contribution (\$)	\$104.48
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	i)		
			•				

	MONET	ARY POLITICAL CO	S		SCHEDUI	E A1	
	The Instru	ction Guide explains how to	complete this forn	1.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 8/14	
2	FILER NAME Coalition For	the Fort			3	Filer ID (Ethics Commission 00087864	on Filers)
4	Date 04/28/2025			7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu	Fort Worth, TX 76147 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Retired			Retired	,		
	Date Full name of contributor out-of-state PAC (ID#:) 06/27/2025 Sheffield, Susan Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.48		
	Fort Worth, TX 76132						
	Principal occupation / Job title (See Instructions) Employer (See Instruction GM Financial)		
	Date 05/27/2025				Amount of Contribution (\$)	\$104.48	
		Fort Worth, TX 76132					
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions GM Financial)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/27/2025 Sheffield, Susan Contributor address; City; State; Zip Code Fort Worth, TX 76132		,		Amount of Contribution (\$)	\$104.48	
	Principal occu CFO	pation / Job title (See Instructions)		Employer (See Instructions GM Financial)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/05/2025 Siegel, Ben Contributor address; City; State; Zip Code Dallas, TX 75205			Amount of Contribution (\$)	\$1,200.00		
	Principal occu Real estate	pation / Job title (See Instructions)		Employer (See Instructions Bleecker partners)		
				P			

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

Credit Card Payment	The Instruction Guide explains how to co	Ü	ete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Sch: 1/6 Rpt: 9/14	Coalition For the Fort 00087864						
4 Date	5 Payee name		•				
04/27/2025	Anedot, Inc.						
6 Amount (\$)	7 Payee address; City; State; Zip C	ode					
\$142.36	1340 Poydras Street						
	Suite 1770						
Expenditure from corporate funds	New Orleans, LA 70112						
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense Processing Fees for Online PAC Contributions: Apr				
			27 - Jun 28				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
expenditure to benefit C/OI	Н						
Date	Payee name						
05/05/2025	Catalyst Advisors Group LLC						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$3,572.25	1108 Lavaca St 110-506						
Expenditure from corporate funds	Austin, TX 78701						
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense Design and Distribution of Digital Voter Contact in				
			Support of Veronica Law, TCC Board				
Complete ONLY if direct	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held				
expenditure to benefit C/OI		3					
Date	Payee name						
05/05/2025	Catalyst Advisors Group LLC						
Amount (\$)	Payee address; City; State; Zip C	ode					
\$2,532.79	1108 Lavaca St 110-506						
Expenditure from							
corporate funds	Austin, TX 78701						
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description				
EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
			Design and Distribution of Digital Voter Contact in				
			Support of Moore Fort Worth City Council, Dist 5				
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office held				
expenditure to benefit C/OI	H						

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/6 Rpt: 10/14	Coalition For the Fort 00087864
•	
4 Date	5 Payee name
05/05/2025	Catalyst Advisors Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	1108 Lavaca St 110-506
Expenditure from	Auctin TV 70701
corporate funds	Austin, TX 78701
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Design and Placement of Advertisements in Support of Michael Moore, Fort Worth City Council, Dist 5
	of Michael Modre, 1 of World City Courton, Dist of
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/Oi	
Date	Payee name
06/06/2025	Catalyst Advisors Group LLC
Amount (\$)	
\$4,814.88	1108 Lavaca St 110-506
Expenditure from	
corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Design, Production and Postage for Mail Ads in
	Support of Mia Hall, Fort Worth City Council, Dist 6
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Data	Davies same
Date	Payee name
06/06/2025	Catalyst Advisors Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$4,376.02	1108 Lavaca St 110-506
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Design, Production and Postage for Mail Ads in
	Support of Mia Hall, Fort Worth City Council, Dist 6
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
,	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee Legal Services			/Contract Labor		OTHER (enter a	category not listed al	bove)		
	Credit Card Payment		The Instruction Guide	e explains how to c	omple	ete this form.						
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commiss	sion Filers)		
	Sch: 3/6 Rpt: 11/14		Coalition For the Fort					00087864				
4	Date	5	Payee name	ayee name								
	06/06/2025		Catalyst Advisors Group LLC									
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode							
	\$4,608.55		1108 Lavaca St 110-506									
	Expenditure from corporate funds		Austin, TX 78701									
8	PURPOSE	(a)			(b)	Description						
	OF	(")	Category (See Categories listed at the to Advertising Expense	op of this schedule)	(")		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE		Autoritioning Expense			Check if Austin,	TX,	officeholder living	g expense			
									tage for Mail A			
						Support of Mi	a F	Hall, Fort Wo	orth City Cound	cil, Dist 6		
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name	Office so	ught			Office he	eld			
	Date		Payee name									
	06/06/2025		Catalyst Advisors Group LLC									
	Amount (\$)	H	Payee address; City;	State; Zip C	ode							
	\$1,748.89		1108 Lavaca St 110-506									
	Expenditure from corporate funds		Austin, TX 78701									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	(b)	Description						
	EXPENDITURE		Advertising Expense					de of Texas. Com officeholder living	plete Schedule T.			
						_			igital Voter Co	ntact in		
						•			City Council, D			
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office he	eld			
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	06/06/2025		Catalyst Advisors Group LLC									
	Amount (\$)		Payee address; City;	State; Zip C	ode							
	\$750.00		1108 Lavaca St 110-506	эшэ,р э								
	4.00.00											
	Expenditure from corporate funds		Austin, TX 78701									
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this schedule)	(b)	Description						
	EXPENDITURE		Advertising Expense					de of Texas. Com officeholder living	plete Schedule T.			
						ш			ort of Mia Hall,	. Fort		
						Worth City Co				. = · -		
	Complete ONLY if direct	Щ	Candidate/Officeholder name	Office so	<u>l</u> uaht			Office he	eld			
	expenditure to benefit C/O			2.1100 30	~9·11			000 110				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/6 Rpt: 12/14	Coalition For the Fort 00087864
4 Date	5 Payee name
06/06/2025	Catalyst Advisors Group LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$408.55	1108 Lavaca St 110-506
Expenditure from corporate funds	Austin, TX 78701
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAFLINDITORL	Check if Austin, TX, officeholder living expense
	Design, Production and Postage for Mail Ads in Support of Mia Hall, Fort Worth City Council, Dist 6
	Support of Mild Hall, Fort World City Council, Dist o
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
06/06/2025	Catalyst Advisors Group LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,290.00	1108 Lavaca St 110-506
Ψ3,230.00	1100 Lavaca St 110-500
Expenditure from corporate funds	Austin, TX 78701
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Creare to Advantising in Council of Michael Lell Fort
	Grassroots Advertising in Support of Mia Hall, Fort Worth City Council, Dist 6
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
04/29/2025	Charlie Lauersdorf Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	7916 Rampston Place
Ψ5,000.00	7310 Kumpston Flace
Expenditure from corporate funds	Fort Worth, TX 76137
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By
EXI ENDITORE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
and a second of the second of	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I 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: 5/6 Rpt: 13/14	Coalition For the Fort 00087864
4 Date	5 Payee name
04/29/2025	Hunt Research LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$9,500.00	PO Box 6353
Expenditure from corporate funds	Tyler, TX 75711
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense PAC Polling Expense
	TACTOMING Expense
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
04/29/2025	Leah King Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$7,500.00	460 S Rayner St
Expenditure from corporate funds	Fort Worth, TX 76111
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-
Date	Payee name
04/28/2025	Michael Moore Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$12,750.00	1412 Lindsey St
,	
Expenditure from corporate funds	Fort Worth, TX 76105
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Continuodions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	-1

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

Candidate/Officeholder/Politica Credit Card Payment	I 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: 6/6 Rpt: 14/14	Coalition For the Fort 00087864
4 Date	5 Payee name
04/28/2025	Veronica Law Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	6741 Brants Ln
— Emanditus from	
Expenditure from corporate funds	Fort Worth, TX 76116
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Political Contribution
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held