#### 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) 00083064 3 COMMITTEE NAME **OFFICE USE ONLY** Collin Strong PAC Date Received **ELECTRONICALLY FILED** 07/14/2025 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 3705 Amon Carter Dr. Date Hand-delivered or Date Postmarked Change of Address McKinney, TX 75070 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Darrell E. NAME NICKNAME LAST **SUFFIX** Hale STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 3705 Amon Carter Dr. STREET **ADDRESS** (Residence or Business) McKinney, TX 75070 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 3705 Amon Carter Dr MAILING **ADDRESS** McKinney, TX 75070 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 471-3584 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** 01/01/2025 06/30/2025 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Runoff Other Primary 11/04/2025 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)
Collin Strong PAC			00083064	
14 COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported		
(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 check here if this report	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA  (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,120.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	1,574.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL ( OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	1,585.26
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 pe true and correct and includes all informunder Title 15, Election Code.		
		Mr. Darre	ell E. Hale	
		Signature of Car	mpaign Treasur	rer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, th	nis the	day
		vhich, witness my hand and seal of office.		
Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of offic	er administering oath

## **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

		C	3 of 9
17 COMMITT Collin Str		<b>18</b> Filer ID 00083064	(Ethics Commission Filers)
19 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,120.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	)R	\$
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 (	ORGANIZATION	\$
9.	SCHEDULE E: LOANS		\$
10. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	<b>\$</b> 1,574.78
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 TO FILER	RETURNED	\$

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this t	1	1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/9			
2	FILER NAME Collin Strong	FILER NAME Collin Strong PAC				Filer ID (Ethics Commission 00083064	n Filers)
4	Date 02/18/2025	5 Full name of contributor out-of-state PAC (ID#:) Warren, Tammy  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00	
8	Principal occu	McKinney, TX 75070 pation / Job title (See Instructions)	9	Employer (See Instructions	  -  s)		
	Retired  Date Full name of contributor out-of-state PAC (ID#:)  03/18/2025 Warren, Tammy  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$500.00	
	Principal occu Retired	McKinney, TX 75070 pation / Job title (See Instructions)		Employer (See Instructions Retired	     s)		
	Date Full name of contributor out-of-state PAC (ID#:) 01/13/2025 Wilbur, Kirby  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00	
		McKinney, TX 75071 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Real Estate Agent  Date  O2/13/2025  Full name of contributor out-of-state PAC (ID#:  Wilbur, Kirby  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.00	
	McKinney, TX 75071  Principal occupation / Job title (See Instructions)  Real Estate Agent  McKinney, TX 75071  Employer (See Instruction Self				<u>                                      </u>		
	Date  O3/13/2025  Wilbur, Kirby  Contributor address; City; State; Zip Code  McKinney, TX 75071			Amount of Contribution (\$)	\$20.00		
	Principal occupation / Job title (See Instructions) Employer (See Instruction Self						
			•				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/2 Rpt: 5/9		
2	FILER NAME Collin Strong			3	Filer ID (Ethics Commission 00083064	n Filers)
4	Date 04/13/2025  5 Full name of contributor out-of-state PAC (ID#:) Wilbur, Kirby  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$20.00	
		McKinney, TX 75071	1	Ĺ		
8	Real Estate	upation / Job title (See Instructions) Agent	9 Employer (See Instructions Self	s)		
	Date 05/13/2025	Full name of contributor out-of-state PAC (ID#:_Wilbur, Kirby  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	McKinney, TX 75071  upation / Job title (See Instructions)  Agent	Employer (See Instructions	s)		
	Date 06/13/2025	Full name of contributor out-of-state PAC (ID#:_ Wilbur, Kirby Contributor address; City; State; Zip Code  McKinney, TX 75071			Amount of Contribution (\$)	\$20.00
	Principal occu Real Estate	upation / Job title (See Instructions) Agent	Employer (See Instructions	s)		

# 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 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)

Credit Card Payment	The Instruction Guide explains how to comp	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/9	Collin Strong PAC	00083064
4 Date	5 Payee name	•
06/30/2025	Anedot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	•
\$48.30	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 CC Expense
		CC Expense
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI		Cinico Hold
Date	Payee name	
01/31/2025	FrostBank	
Amount (\$)	Payee address; City; State; Zip Code	
\$5.00	5021 W Park Blvd,	
ψ3.00	3021 W Fair Biva,	
Expenditure from corporate funds	Plano, TX 75093	
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
		Bank Fees
Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
expenditure to benefit C/OI	1	
Date	Payee name	
02/28/2025	FrostBank	
Amount (\$)	Payee address; City; State; Zip Code	·
\$5.00	5021 W Park Blvd,	
Expenditure from corporate funds	Plano, TX 75093	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Description
OF	Fees	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		Bank Fees
Organists ONII Wife discret	Out lide to 10 ff and a li	A Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category not listed above)

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: 2/4 Rpt: 7/9	Collin Strong PAC 00083064
4 Date	5 Payee name
02/28/2025	Hale, Darrell
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$328.06	3705 Amon Carter Dr.
Expenditure from	
corporate funds	McKinney, TX 75070
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
	Check if Austin, TX, officeholder living expense  Campaign Sidekick
	Gampaign Glacillon
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/19/2025	Hale, Darrell
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	3705 Amon Carter Dr.
Evnanditura from	
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense
	Check if Austin, TX, officeholder living expense  Campaign Sidekick
	Campaign Statistic
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
04/10/2025	Hale, Darrell
Amount (\$)	Payee address; City; State; Zip Code
\$300.00	3705 Amon Carter Dr.
Evnanditure from	
Expenditure from corporate funds	McKinney, TX 75070
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense  Campaign Sidekick
	Sampangh Clashish
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Gift/Awards/Memorial Legal Services  The Instruction G	s Expense		xpens Vages	se s/Contract Labor		Travel Out of Di OTHER (enter a		above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 3/4 Rpt: 8/9		Collin Stron	g PAC						00083064		
4	Date	5	Payee name									
	01/27/2025		Mailchimp									
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	ode					
	\$98.07		675 Ponce	De Leon Ave N	ΙE							
			. Ste 5000									
Г	Expenditure from corporate funds		Atlanta, GA	30308								
_	<u> </u>	(-)					(1-)					
8	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(a)	Description	outoi	ido of Toyon Com	anlata Sahadula T	
	EXPENDITURE		Advertising	Expense				_		, officeholder livin	nplete Schedule T. g expense	
								E-mail provid			5 - p-	
								•				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	ıaht			Office h	eld	
_	expenditure to benefit C/O		Januard, Om	ocholder hame			.g					
	Date		Payee name									
	02/25/2025		Mailchimp									
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	ode					
	\$98.07		675 Ponce	De Leon Ave N	ΙE							
			. Ste 5000									
Г	Expenditure from		Atlanta, GA	30308								
	corporate funds	_										
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(b)	Description		: d 4 T O		
	EXPENDITURE		Advertising	Expense				<b>=</b>		, officeholder livin	nplete Schedule T.	
								E-mail provid		, cincentiaer iiviii	g expense	
								<b>p</b>				
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	l ught			Office h	eld	
	expenditure to benefit C/O	Η										
	Date		Payee name									
	03/25/2025		Mailchimp									
	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	ode					
	\$98.07		675 Ponce	De Leon Ave N	IE							
			. Ste 5000									
	Expenditure from corporate funds		Atlanta, GA	30308								
	•	(-)					/b>	<b>B</b> 1.7				
	PURPOSE OF	(a)		ee Categories listed at	the top of this sch	edule)	(a)	Description  Check if travel	outei	ide of Teyes Con	nplete Schedule T.	
	EXPENDITURE		Advertising	Expense						, officeholder livin		
								E-mail provid			,	
								•				
	Complete ONLY if direct		Candidate/Offi	ceholder name	(	Office sou	l Jaht			Office h	eld	
	expenditure to benefit C/O			23		50 500				C00 II		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

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: 4/4 Rpt: 9/9	Collin Strong PAC 00083064
4 Date	5 Payee name
04/25/2025	Mailchimp
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$98.07	675 Ponce De Leon Ave NE
	. Ste 5000
Expenditure from corporate funds	Atlanta, GA 30308
8 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  E-mail provider
	E mai provider
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<del>-</del>
Date	Payee name
06/25/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$98.07	675 Ponce De Leon Ave NE
	. Ste 5000
Expenditure from corporate funds	Atlanta, GA 30308
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
	E-mail provider
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/27/2025	Mailchimp
Amount (\$)	Payee address; City; State; Zip Code
\$98.07	675 Ponce De Leon Ave NE
	. Ste 5000
Expenditure from corporate funds	Atlanta, GA 30308
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	E-mail provider
Operation Children	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held