DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088108

2 Total pages filed: 5

3 FILER NAME

MS / MRS / MR	FIRST	MI
Mr.	Justin	
NICKNAME	**LAST**	**SUFFIX**
	Coppedge	

4 FILER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

210 W. 7th Street
Suite 1100
Austin, TX 78701

5 FILER PHONE

AREA CODE PHONE NUMBER EXTENSION

(469) 384-2036

6 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [X] 8th day before election
- [ ] Runoff

7 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

8 ELECTION

ELECTION DATE: Month Day Year: 11/04/2025

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [X] General
- [ ] Special

9 FILER 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: Ballot ID:Prop 4 Election Date:2025-11-04 Desc:Water infrastructure funding
   - B. Opposed

3. Officeholders Assisted
(Identify by name or, if applicable, classify by party.)

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 10/27/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME		**11** Filer ID (Ethics Commission Filers)
Coppedge, Justin (Mr.)		00088108
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	2. TOTAL POLITICAL EXPENDITURES	**$** 3,465.00

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.

Mr. Justin Coppedge

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

SUBTOTALS - DCE

FORM DCE

COVER SHEET PG 3

14 FILER NAME	**15** Filer ID (Ethics Commission Filers)
Coppedge, Justin (Mr.)	00088108

16 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES	**$** 3,465.00
2.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
3.	[ ]	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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 4/5	Coppedge, Justin (Mr.)	00088108

4 Date	5 Payee name
10/08/2025	Texas 2036

6 Amount ($)	7 Payee address; City; State; Zip Code
$875.00 [X] Expenditure from corporate funds	210 W. 7th Street Ste. 1100 Austin, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Media interviews

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
10/10/2025	Texas 2036

Amount ($)	Payee address; City; State; Zip Code
$350.00 [X] Expenditure from corporate funds	210 W. 7th Street Ste. 1100 Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Podcast recording

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
10/23/2025	Texas 2036

Amount ($)	Payee address; City; State; Zip Code
$140.00 [X] Expenditure from corporate funds	210 W. 7th Street Ste. 1100 Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Meetings regarding Prop 4 support

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/2 Rpt: 5/5	Coppedge, Justin (Mr.)	00088108

4 Date	5 Payee name
10/24/2025	Texas 2036

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,470.00 [X] Expenditure from corporate funds	210 W. 7th Street Ste. 1100 Austin, TX 78701

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Draft communications materials in support of Prop 4, including social media, and blogs

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/13/2025	Texas 2036

Amount ($)	Payee address; City; State; Zip Code
$630.00 [ ] Expenditure from corporate funds	210 W. 7th Street Ste. 1100 Austin, TX 78701

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Draft and support press release

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held