

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

| | | | |
|---|---|--|---|
| The SC C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE NAME | MS / MRS / MR <input checked="" type="radio"/> FIRST <u>Emil</u> MI <u>W</u> NICKNAME <u>Wayne</u> LAST <u>Tyroch</u> SUFFIX _____ | | OFFICE USE ONLY Date Received _____ Date Hand-delivered or Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ |
| 4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>13092 Woodford Rd Temple Tx 76501</u> | | |
| 5 CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(254) 534-3518</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR _____ FIRST <u>Virgil</u> MI _____ NICKNAME _____ LAST <u>Thompson</u> SUFFIX _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4920 Gun Club Rd Temple Tx 76501</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(254) 718-4374</u> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <u>03 / 13 / 24</u> THROUGH <u>05 / 20 / 24</u> | | |
| 11 CONVENTION / ELECTION DATE | Month Day Year <u>05 / 18 / 24</u> | 12 OFFICE SOUGHT <u>Commissioner</u> | <input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR |
| 13 POLITICAL PARTY | COUNTY (If Applicable) <u>Republican</u> <u>Bell</u> | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Wayne Tyroch | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/4/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Lesikar | 7 Amount of contribution (\$) 225⁰⁰ |
| 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ Burlington Tx 76519 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 5/7/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa Coufal | Amount of contribution (\$) 425⁰⁰ |
| Contributor address: _____ City: _____ State: _____ Zip Code _____ Temple Tx 76501 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/11/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melanie Zavodny | Amount of contribution (\$) 1090⁰⁰ |
| Contributor address: _____ City: _____ State: _____ Zip Code _____ Temple Tx 76502 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/22/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie + Johanna Doskocil | Amount of contribution (\$) 595⁰⁰ |
| Contributor address: _____ City: _____ State: _____ Zip Code _____ Burlington Tx 76519 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Wayne Tyrock | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/11/24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James & Ann Eisenburg | 7 Amount of contribution (\$) 400⁰⁰ |
| 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Holland TX 76534 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 5/11/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Josh Brenek | Amount of contribution (\$) 220⁰⁰ |
| Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Temple TX 76501 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 5/11/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tyrock Fundraiser Event / Star Hall | Amount of contribution (\$) 4082.⁰⁰ |
| Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> Temple TX 76501 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME Emil Wayne Tyroch | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/26/24 | 5 Payee name Fast Signs | |
| 6 Amount (\$) 378.88 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 904 S 31st Temple TX 76504 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 3/26/24 | Payee name Fast Signs | |
| Amount (\$) 560.19 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 904 S 31st Temple TX 76504 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |
| Date 3/28/24 | Payee name Main Printing | |
| Amount (\$) 562.79 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code P.O. Box 794 Cameron TX 76520 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: | | 2 FILER NAME Emil Wayne Tyroch | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 4-1-24 | | 5 Payee name Fast Signs | | | |
| 6 Amount (\$) 378.88 <input type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; 904 S 31st St | | City; Temple | State; Zip Code TX 76504 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date | Payee name | | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |
| Date | Payee name | | | | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, **DO NOT** include this page in the report.

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 H: | | 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5-2-24 | | 5 Business name Creative Designs | | | |
| 6 Amount (\$) 522.85 | | 7 Business address; 409 Cottingham Dr | | City; Tempe | State; TX Zip Code 76504 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising | | (b) Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 5-8-24 | | Business name Lions Club Ad - Melissa Hejl | | | |
| Amount (\$) | | Business address; | | City; Tempe | State; TX Zip Code 76502 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date 5-8-24 | | Business name Randy Bane Fishing Auction | | | |
| Amount (\$) 350.00 | | Business address; | | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule H: | 2 FILER NAME <i>Wayne Tyrach</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>5/17/24</i> | 5 Business name <i>SAMS</i> | |
| 6 Amount (\$) <i>135⁰⁰</i> | 7 Business address; City; State; Zip Code <i>1414 Marlandwood Rd Temple TX 76502</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Exp</i> | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date | Business name | |
| Amount (\$) | Business address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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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 H: | | 2 FILER NAME Wayne Tyroch | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 5-10-24 | | 5 Business name Fast Signs | | | |
| 6 Amount (\$) 119.62 | | 7 Business address; 904 S 31st | | City; Temple TX | State; Zip Code 76504 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 5/11/24 | | Business name Seaton Star Hall - Rental | | | |
| Amount (\$) 750.00 | | Business address; 10842 Hwy 53 | | City; Temple | State; Zip Code TX 76501 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Expenses | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 5/11/24 | | Business name Greens Sausage House | | | |
| Amount (\$) 650.67 | | Business address; 16483 STATE Hwy 53 | | City; Temple | State; Zip Code TX 76501 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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| | | |
|--|---|---------------------------------------|
| 1 Total pages Schedule H: | 2 FILER NAME Wayne Tyroch | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/11/24 | 5 Business name Borderline Band | |
| 6 Amount (\$) 1200⁰⁰ | 7 Business address; City; State; Zip Code Rogers TX | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 5/11/24 | Business name Michael Hamilton Security | |
| Amount (\$) | Business address; City; State; Zip Code Rogers TX | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Event Exp | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 5/11/24 | Business name Temple Daily Telegram | |
| Amount (\$) | Business address; City; State; Zip Code 10 S Third St Temple TX 76501 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |

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