

**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 Wayne	FIRST Emil LAST Tyrock NICKNAME	MI W SUFFIX	OFFICE USE ONLY		
4 CANDIDATE ADDRESS		ADDRESS / PO BOX: 13092 Woodford Rd Temple TX APT / SUITE #: CITY: STATE: ZIP CODE 76501 <input type="checkbox"/> Change of Address					
5 CANDIDATE PHONE		AREA CODE (254)	PHONE NUMBER 534-3518	EXTENSION	Date Received 2024 MAY 21 SHELLEY COTTON BELL COUNTY FILED FOR RECORD		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Virgil	FIRST LAST NICKNAME	MI Thompson SUFFIX	Date Hand-delivered or Date Postmarked CO Receipt # 338 Amount \$ 0.00		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 4920 Gun Club Rd Temple TX 76501					
8 CAMPAIGN TREASURER PHONE		AREA CODE (254)	PHONE NUMBER 718-4376	EXTENSION	Date Processed		
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 03	Day 13	Year 24	Month 05	Day 20	Year 24
11 CONVENTION / ELECTION DATE		Month 05	Day 28	Year 24	12 OFFICE SOUGHT Commissioner	<input type="checkbox"/> STATE CHAIR	
13 POLITICAL PARTY		COUNTY (If Applicable) Republican Bell				<input type="checkbox"/> COUNTY CHAIR	
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 <i>Wayne Tyroch</i>				3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/24</i>	5 Full name of contributor <i>Daniel Lesikar</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) <i>225<sup>00</sup></i>
6 Contributor address: [REDACTED]		City:	State:	Zip Code <i>Burlington Tx 76519</i>
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date <i>5/1/24</i>	Full name of contributor <i>Lisa Coufal</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>425<sup>00</sup></i>
Contributor address: [REDACTED]			City:	State: Zip Code <i>Temple Tx 76501</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>5/11/24</i>	Full name of contributor <i>Melanie Zavodny</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>1090<sup>00</sup></i>
Contributor address: [REDACTED]			City:	State: Zip Code <i>Temple Tx 76502</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date <i>5/22/24</i>	Full name of contributor <i>Charlie &amp; Johanna Doskocil</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>595<sup>00</sup></i>
Contributor address: [REDACTED]			City:	State: Zip Code <i>Burlington Tx 76519</i>
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

## MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME <i>Wayne Tyrock</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>5/11/24</i>	5 Full name of contributor <i>James &amp; Ann Elsenburg</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>400.00</i>
6 Contributor address; [REDACTED]	City; State; Zip Code <i>Holland TX 76534</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>5/11/24</i>	Full name of contributor <i>Josh Brenet</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>220.00</i>
Contributor address; [REDACTED]		City; State; Zip Code <i>Temple TX 76501</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>5/11/24</i>	Full name of contributor <i>Tyrock Fundraiser Event / Star Hall</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	Amount of contribution (\$) <i>4082.00</i>
Contributor address; [REDACTED]		City; State; Zip Code <i>Temple TX 76501</i>	
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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$) <i>378.88</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>904 S 31st</i>	City: <i>Temple</i> State: <i>TX</i> Zip Code <i>76504</i>	
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 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <i>3/26/24</i>	Payee name <i>Fast Signs</i>		
Amount (\$) <i>560.19</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>904 S 31st</i>	City: <i>Temple</i>	State: <i>TX</i> Zip Code <i>76504</i>
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <i>3/28/24</i>	Payee name <i>Main Printing</i>		
Amount (\$) <i>562.79</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>P.O. Box 794</i>	City: <i>Cameron</i>	State: <i>TX</i> Zip Code <i>76520</i>
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		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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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	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) <b>378.88</b> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>904 S 31st St</b>	City: <b>Temple</b> State: <b>TX</b> Zip Code <b>76504</b>
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 Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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
Candidate / Officeholder name		Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date 5-2-24	5 Business name Creative Designs	
6 Amount (\$) 500.85	7 Business address: 409 Cottingham Dr	City: Temple State: TX Zip Code 76504
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 5-8-24	Business name Lions Club Ad - Melissa Hejl	
Amount (\$)	Business address:	City: Temple 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		Candidate / Officeholder name Office sought Office held
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		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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 H:	2 FILER NAME <i>Wayne Tyroch</i>		3 Filer ID (Ethics Commission Filers)		
4 Date <i>5/17/24</i>	5 Business name <i>SAMS</i>				
6 Amount (\$) <i>135<sup>00</sup></i>	7 Business address; <i>1414 Marlandwood Rd</i>		City:	State:	Zip Code <i>Temple TX 76502</i>
8  <b>PURPOSE OF EXPENDITURE</b>	(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
  <b>PURPOSE OF EXPENDITURE</b>	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
  <b>PURPOSE OF EXPENDITURE</b>	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 <i>Wayne Tyroch</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5-10-24</i>	5 Business name <i>Fast Signs</i>	
6 Amount (\$) <i>119.62</i>	7 Business address: <i>904 S 31st</i>	City: <i>Temple Tx 76504</i>
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 <i>5/11/24</i>	Business name <i>Seaton Star Hall - Rental</i>	
Amount (\$) <i>750.00</i>	Business address: <i>10842 Hwy 53</i>	City: <i>Temple Tx 76501</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expenses</i>	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 <i>5/11/24</i>	Business name <i>Greens Sausage House</i>	
Amount (\$) <i>650.67</i>	Business address: <i>16483 STATE Hwy 53</i>	City: <i>Temple Tx 76501</i>
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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5/11/24	Wayne Tyrock	
6 Amount (\$)	5 Business name	7 Business address; City; State; Zip Code
1200 <sup>00</sup>	Borderline Band	Rogers TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Event Expense	
	(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	
5/11/24	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)	Description
	Event Exp	
	<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	
5/16	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)	Description
	Advertising	
	<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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