

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed.

15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

Mrs.

FIRST

Whitney

MI

B

NICKNAME

LAST

Krupala

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

Midlothian, TX
76045

Change of Address

RECEIVED APR 02 2026

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 724 4719

Date Hand-delivered or Date Post-marked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

Mr.

FIRST

David

MI

NICKNAME

LAST

Hurst

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

[REDACTED]

Midlothian, TX 76045

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 213 2013

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

6th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

1 / 1 / 2024

THROUGH

Month

Day

Year

3 / 23 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

5 / 2 / 2026

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Midlothian ISD Trustee Place 7

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Whitney Krupala</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,417
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 4926
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4491
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100

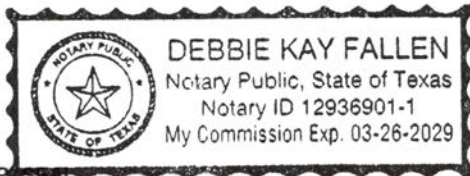
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Whitney Krupala

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP SEAL

Sworn to and subscribed before me by Whitney Krupala this the 2nd day of April, 2026, to certify which, witness my hand and seal of office.

Debbie Kay Fallen Debbie Kay Fallen Notary of Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Whitney Krupala</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9417</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>100</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4924</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:

118

2 FILER NAME

Whitney Krupala

3 Filer ID (Ethics Commission Filers)

4 Date

2/14/24

5 Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Galvo

7 Amount of contribution (\$)

\$150.00

6 Contributor address; City; State; Zip Code

[Redacted] Waxahatchie, TX 75147
0149

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/14/24

Full name of contributor out-of-state PAC (ID#: _____)

Heather Macdonnell

Amount of contribution (\$)

\$77.00

Contributor address; City; State; Zip Code

[Redacted] Midlothian, TX 76065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/24

Full name of contributor out-of-state PAC (ID#: _____)

Lacie Lehman

Amount of contribution (\$)

\$77.00

Contributor address; City; State; Zip Code

[Redacted] Midlothian, TX 76065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/14/24

Full name of contributor out-of-state PAC (ID#: _____)

AMY Marcontell

Amount of contribution (\$)

\$100

Contributor address; City; State; Zip Code

[Redacted] Midlothian, TX 76065

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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: 218
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle Stanley	7 Amount of contribution (\$) \$77
6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Hurst	Amount of contribution (\$) \$300
Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Knight	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [Redacted] Drilla TX 75154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/19/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marni Buzbee Inc	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code 430 S. Walnut Grove Rd Midlothian TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 3/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM and Jana Vick	7 Amount of contribution (\$) \$77
6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/19/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BKR Generational Investments LLC	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code 4020 Wisteria Trl. Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtney Pearson	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christi Carbin	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: 4/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 2/23/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunja Hunt	7 Amount of contribution (\$) \$30
	6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erin Trafford	Amount of contribution (\$) \$77
	Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/23/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suzanne White	Amount of contribution (\$) \$77
	Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eric Durbin	Amount of contribution (\$) \$77
	Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 2/25/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angie Knight	7 Amount of contribution (\$) \$300
6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Klor	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/15/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Brent Edminster	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code PO BOX 546 Maypearl, TX 76064		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terney Lilley	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code [Redacted] Grandview, TX 76050		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 6/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Bazaldua	7 Amount of contribution (\$) \$25
6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather Weaver	Amount of contribution (\$) \$144
Contributor address; City; State; Zip Code [Redacted] Midlothian TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Cockerman	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [Redacted] Ogk Leaf, TX 75154		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/7/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOM MOORE	Amount of contribution (\$) \$77
Contributor address; City; State; Zip Code [Redacted] Waxahachie, TX 75165		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 7/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 3/8/20	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Megan Cetrone	7 Amount of contribution (\$) \$77
6 Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/9/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke Burge	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code [Redacted] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/13/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan and Cherie Douglass	Amount of contribution (\$) \$2000
Contributor address; City; State; Zip Code [Redacted] Cedar Hill, TX 75104		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/14/20	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VIP Roofing	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 211 E. Ave G. Ste. 400 Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8/8
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 Date 3/14/20	5 Full name of contributor; <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy and Leigh Fields	7 Amount of contribution (\$) \$150
6 Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065		
8 Principal occupation	9 Employer (See Instructions)	
Date 3/14/20	Full name of contributor; <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrea Walton	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code PO Box 1851 Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/23/20	Full name of contributor; <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunja Hunt	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065		
Principal occupation		Employer (See Instructions)
Date 3/23/20	Full name of contributor; <input type="checkbox"/> out-of-state PAC (ID#: _____) Danae Hewitt	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code [REDACTED] Midlothian, TX 76065		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

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 E: 1/1
2 FILER NAME Whitney Krupala		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/2/20	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitney Krupala	9 Loan Amount (\$) \$100
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code [REDACTED] Midlothian, TX 76065	10 Interest rate
		11 Maturity date 12/31/24
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1/3	2 FILER NAME Whitney Krupala	3 Filer ID (Ethics Commission Filers)
4 Date 2/10/24	5 Payee name Deluxe Check	
6 Amount (\$) 9.95	7 Payee address; City; State; Zip Code 801 S. Marquette Ave, Minneapolis, MN 55402	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) accounting/banking	(b) Description campaign checks
	(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 ONLY if direct expenditure to benefit C/OH		
Date 2/20/24	Candidate / Officeholder name Signage Systems	
Amount (\$) \$303.10	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Yard signs
	<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		
Date 2/24/24	Candidate / Officeholder name Chase Life, LLC	
Amount (\$) \$1,500	Office sought Office held	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/consulting	Description marketing collateral design
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2/3	2 FILER NAME Whitney Krupala	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/24	5 Payee name True Patriot Consulting	
6 Amount (\$) \$2500	7 Payee address; City; State; Zip Code 209 E. Main St., Suite 110 Waxahachie, TX 760 ⁷⁶⁰ 75145 ^{WK}	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting	(b) Description campaign consulting
	(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 3/14/24	Payee name Midlo Scoops		
Amount (\$) \$309.17	Payee address; City; State; Zip Code 101 3rd. St. Midlothian, TX 76065		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Beverage	Description Ice cream social event	
	<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 3/19/24	Payee name Cutting Edge		
Amount (\$) \$287.32	Payee address; City; State; Zip Code 1000 E. Main St. Suite 301 Midlothian, TX 76065		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description campaign shirts	
	<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

