

# 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: 7

## OFFICE USE ONLY

Date Received

RECEIVED JUL 15 2026

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Whitney

B.

NICKNAME

LAST

SUFFIX

Krupala

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5911 Castle Way Midlothian

TX 76065

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 726 6719

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

David

NICKNAME

LAST

SUFFIX

Hurst

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

[REDACTED]

Midlothian TX 76065

(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

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

04 / 23 / 20

THROUGH

Month

Day

Year

04 / 30 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

09 / 02 / 24

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**

|                                               |                                                                                                                                       |                                               |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b><br><u>Whitney Krupala</u> |                                                                                                                                       | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>                 | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                                   |
|                                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>0</u>                                   |
| <b>EXPENDITURE TOTALS</b>                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <u>0</u>                                   |
|                                               | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>1567.81</u>                             |
| <b>CONTRIBUTION BALANCE</b>                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>2122.68</u>                             |
| <b>OUTSTANDING LOAN TOTALS</b>                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <u>4100</u>                                |

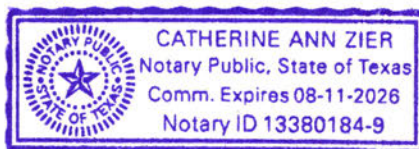
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 9th day of July, 2026, 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

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**

Whitney Krupala

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                          |                                                                                    |            |
|-----|--------------------------|------------------------------------------------------------------------------------|------------|
| 1.  | <input type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0       |
| 2.  | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0       |
| 3.  | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$ 0       |
| 4.  | <input type="checkbox"/> | SCHEDULE E: LOANS                                                                  | \$ 0       |
| 5.  | <input type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 1527.81 |
| 6.  | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$ 0       |
| 7.  | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0       |
| 8.  | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0       |
| 9.  | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0       |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0       |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0       |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0       |

# 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  
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:<br><b>114</b>                     |                                                                                          | 2 FILER NAME<br><b>Whitney Krupala</b>                            |                                                                           | 3 Filer ID (Ethics Commission Filers) |                     |
| 4 Date<br><b>4/24/20</b>                                     |                                                                                          | 5 Payee name<br><b>Jimmy Johns</b>                                |                                                                           |                                       |                     |
| 6 Amount (\$)<br><b>\$45.29</b>                              |                                                                                          | 7 Payee address;<br><b>8050 FM 443 Ste. 210</b>                   |                                                                           | City;<br><b>Midlothian TX 76065</b>   | State;<br><b>TX</b> |
|                                                              |                                                                                          | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b> |                                                                   | (b) Description<br><b>Meals for poll volunteers</b>                       |                                       |                     |
|                                                              | (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 |                                                                                          |                                                                   |                                                                           |                                       |                     |
| Date<br><b>4/27/20</b>                                       |                                                                                          | Payee name<br><b>CHICK Fil A #039</b>                             |                                                                           |                                       |                     |
| Amount (\$)<br><b>\$39.36</b>                                |                                                                                          | Payee address;<br><b>2010 FM 443</b>                              |                                                                           | City;<br><b>Midlothian TX 76065</b>   | State;<br><b>TX</b> |
|                                                              |                                                                                          | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>     |                                                                   | Description<br><b>Meals for poll volunteers</b>                           |                                       |                     |
|                                                              | <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<br><b>4/27/20</b>                                       |                                                                                          | Payee name<br><b>McDonalds</b>                                    |                                                                           |                                       |                     |
| Amount (\$)<br><b>\$17.40</b>                                |                                                                                          | Payee address;<br><b>1310 US HWY 287 E.</b>                       |                                                                           | City;<br><b>Midlothian TX 76065</b>   | State;<br><b>TX</b> |
|                                                              |                                                                                          | <input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |                     |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | Category (See Categories listed at the top of this schedule)<br><b>Food/Beverage</b>     |                                                                   | Description<br><b>Meals for poll volunteers</b>                           |                                       |                     |
|                                                              | <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

# 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: <b>2/4</b>                        |                                                                                        | 2 FILER NAME <b>Whitney Krupala</b>                                                                                                                          |                                                                           | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date <b>4/30/24</b>                                        |                                                                                        | 5 Payee name <b>Facebook</b>                                                                                                                                 |                                                                           |                                       |  |
| 6 Amount (\$) <b>\$13.39</b>                                 |                                                                                        | 7 Payee address; City; State; Zip Code<br><b>1 Hacker Way Menlo Park CA 94025</b><br><input type="checkbox"/> Check if individual's residence address.       |                                                                           |                                       |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b> |                                                                                                                                                              | (b) Description<br><b>Facebook Ad</b>                                     |                                       |  |
|                                                              | (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 <b>5/1/24</b>                                           |                                                                                        | Payee name <b>Midlo Scoops</b>                                                                                                                               |                                                                           |                                       |  |
| Amount (\$) <b>\$445.88</b>                                  |                                                                                        | Payee address; City; State; Zip Code<br><b>101 S. 3rd St. Midlothian TX 76045</b><br><input type="checkbox"/> Check if individual's residence address.       |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>Event expense</b>   |                                                                                                                                                              | Description<br><b>Scoop out the vote event</b>                            |                                       |  |
|                                                              | <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 <b>5/2/24</b>                                           |                                                                                        | Payee name <b>Jimmy Johns</b>                                                                                                                                |                                                                           |                                       |  |
| Amount (\$) <b>\$42.71</b>                                   |                                                                                        | Payee address; City; State; Zip Code<br><b>2050 FM 443 Ste. 210 Midlothian TX 76045</b><br><input type="checkbox"/> Check if individual's residence address. |                                                                           |                                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                                 | Category (See Categories listed at the top of this schedule)<br><b>Food / Beverage</b> |                                                                                                                                                              | Description<br><b>Meals for poll volunteers</b>                           |                                       |  |
|                                                              | <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>   |                                                                                        |                                                                                                                                                              |                                                                           |                                       |  |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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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 F1:<br><b>3/4</b>                                                                                | 2 FILER NAME<br><b>Whitney Krupala</b>                                                                                                                        | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>5/7/20</b>                                                                                                 | 5 Payee name<br><b>Travelin Toms Coffee</b>                                                                                                                   |                                                  |
| 6 Amount (\$)<br><b>\$147.40</b>                                                                                        | 7 Payee address; City; State; Zip Code<br><b>104 Mabry Ln. Red Oak, TX 75154</b><br><input type="checkbox"/> Check if individual's residence address.         |                                                  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                                                                                      | (a) Category (See Categories listed at the top of this schedule)<br><b>event expense</b>                                                                      | (b) Description<br><b>wake up and vote event</b> |
|                                                                                                                         | (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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                               |                                                  |

|                                                                                                                       |                                                                                                                                                                   |                                           |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Date<br><b>5/22/20</b>                                                                                                | Payee name<br><b>True Patriot Consulting</b>                                                                                                                      |                                           |
| Amount (\$)<br><b>\$680</b>                                                                                           | Payee address; City; State; Zip Code<br><b>209 E. Main St. Suite 110 Waxahachie TX 75145</b><br><input type="checkbox"/> Check if individual's residence address. |                                           |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                         | Category (See Categories listed at the top of this schedule)<br><b>consulting</b>                                                                                 | Description<br><b>campaign consulting</b> |
|                                                                                                                       | <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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                   |                                           |

|                                                                                                                       |                                                                                                                                                                 |                                        |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Date<br><b>4/3/20</b>                                                                                                 | Payee name<br><b>Ellis County GOP</b>                                                                                                                           |                                        |
| Amount (\$)<br><b>\$150</b>                                                                                           | Payee address; City; State; Zip Code<br><b>413 Ferris Ave Ste. 107 Waxahachie TX 75145</b><br><input type="checkbox"/> Check if individual's residence address. |                                        |
| <b>PURPOSE OF EXPENDITURE</b>                                                                                         | Category (See Categories listed at the top of this schedule)<br><b>event expense</b>                                                                            | Description<br><b>county GOP event</b> |
|                                                                                                                       | <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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                 |                                        |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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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.

|                                                                                                                                |                                                                                                                                                                      |                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>4/4                                                                                       | <b>2</b> FILER NAME<br>Whitney Kmpala                                                                                                                                | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>6/18/24                                                                                                       | <b>5</b> Payee name<br>Chick Fila #039                                                                                                                               |                                              |
| <b>6</b> Amount (\$)<br>\$24.15                                                                                                | <b>7</b> Payee address; City; State; Zip Code<br>2010 FM 443 Midlothian TX 76065<br><input type="checkbox"/> Check if individual's residence address.                |                                              |
| <b>8</b><br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                                                                          | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food / Beverage                                                                           | <b>(b)</b> Description<br>Meal expense       |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                      |                                              |

|                                                                                                                       |                                                                                                                                                           |             |  |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| Date                                                                                                                  | Payee name                                                                                                                                                |             |  |
| Amount (\$)                                                                                                           | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                 |             |  |
| <b>PURPOSE<br/>OF<br/>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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                           |             |  |

|                                                                                                                       |                                                                                                                                                           |             |  |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--|
| Date                                                                                                                  | Payee name                                                                                                                                                |             |  |
| Amount (\$)                                                                                                           | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                 |             |  |
| <b>PURPOSE<br/>OF<br/>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<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                           |             |  |

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