

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

~~3~~ 6

3 COMMITTEE NAME

Roanoke 4 Convention Center PAC

OFFICE USE ONLY

Date Received

RECEIVED

APR 25 2025

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

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

Change of Address

361 W. Byron Nelson Blvd., Ste 104
Roanoke, TX 76262

Receipt #

Amount \$

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Diana L. Delin

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

361 W. Byron Nelson Blvd, Ste 104
Roanoke, TX 76262

7 CAMPAIGN TREASURER MAILING ADDRESS

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

Change of Address

361 W. Byron Nelson Blvd, Ste 104
Roanoke, TX 76262

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(817) 937 2879

9 REPORT TYPE

January 15

30th day before election

Exceeded Modified Reporting Limit

July 15

8th day before election

Dissolution Report (Attached PAC-FR)

Runoff

10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

Month Day Year

3 / 20 / 2025 THROUGH

4 / 25 / 2025

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month Day Year

Primary

Runoff

Other

5 / 3 / 2025

General

Special

Description _____

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

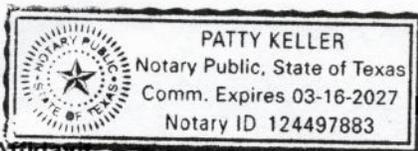
FORM SPAC
COVER SHEET PG 2

| | |
|-------------------|--|
| 12 COMMITTEE NAME | 13 Filer ID (Ethics Commission Filers) |
|-------------------|--|

| | | | |
|--|---|---|---|
| 14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder) | <input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER | CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) | |
| | <input checked="" type="checkbox"/> MEASURE | BALLOT IDENTIFICATION / # | ELECTION DATE Month Day Year 05/03/2025 |
| | | DESCRIPTION CONVENTION CENTER BOND | |

| | | |
|-------------------------|---|------------|
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 6500.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES <i>All in</i> | \$ 420.90 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 6079.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ N/A |

16 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.



Miana Delin
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said TREASURER, this the 21ST day of APRIL, 20 25, to certify which, witness my hand and seal of office.

Patty Keller Signature of officer administering oath
 Patty Keller Printed name of officer administering oath
 Notary 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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

| | | |
|--|-------------|--|
| 17 COMMITTEE NAME <i>Roanoke 4 Convention Center PAC</i> | | 18 Filer ID (Ethics Commission Filers) |
| 19 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ <i>6500.⁰⁰</i> |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | <i>—</i> | \$ <i>0</i> |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | <i>—</i> | \$ <i>0</i> |
| 4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ <i>0</i> |
| 5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION | | \$ <i>0</i> |
| 6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION | <i>—</i> | \$ <i>0</i> |
| 7. <input type="checkbox"/> SCHEDULE E: LOANS | | \$ <i>0</i> |
| 8. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | <i>PAID</i> | \$ <i>420.⁹⁰</i> |
| 9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ <i>- 0 -</i> |
| 10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ |
| 12. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ |
| 13. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ |
| 14. <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: <u>2</u> |
| 2 FILER NAME <u>Roanoke 4 Convention Center PAC</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>3/24/25</u> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John Danger</u> | 7 Amount of contribution (\$) <u>\$1,000.⁰⁰</u> |
| 6 Contributor address; City; State; Zip Code <u>Roanoke TX 76262</u> | | |
| 8 Principal occupation / Job title (See Instructions) <u>Business owner Business owner / Resident</u> | | 9 Employer (See Instructions) |
| Date <u>3/31/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tina Patel</u> | Amount of contribution (\$) <u>\$500.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>801 Byron Nelson Blvd, Roanoke TX 76262</u> | | |
| Principal occupation / Job title (See Instructions) <u>Business owner</u> | | Employer (See Instructions) |
| Date <u>4/9/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Integrity Group John Delia</u> | Amount of contribution (\$) <u>\$1,000.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>361 W. Byron Nelson Blvd. Ste 104 ^{Roanoke} 76262</u> | | |
| Principal occupation / Job title (See Instructions) <u>Developer / Business owner</u> | | Employer (See Instructions) |
| Date <u>4/10/25</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Danny Simpson</u> | Amount of contribution (\$) <u>\$12,000.⁰⁰</u> |
| Contributor address; City; State; Zip Code <u>8525 Thompson Rd. Justin TX 76247</u> | | |
| Principal occupation / Job title (See Instructions) <u>Business owner</u> | | 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: 2 |
| 2 FILER NAME Roanoke 4 Convention Center PAC | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/14/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Garner | 7 Amount of contribution (\$) \$500.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 101 S. Oak St. Roanoke, TX 76262 | | |
| 8 Principal occupation / Job title (See Instructions) Business owner | | 9 Employer (See Instructions) |
| Date 4/21/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jack Layman | Amount of contribution (\$) \$1,500.⁰⁰ |
| Contributor address; City; State; Zip Code 320 South Oak St., Roanoke, TX 76262 | | |
| Principal occupation / Job title (See Instructions) Business owner | | 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) |
| 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) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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: <u>1</u> | 2 FILER NAME <u>Roanoke 4 Convention Center PAC</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>4/16/25</u> | 5 Payee name <u>Allison Bush</u> | |
| 6 Amount (\$) <u>420.90</u> | 7 Payee address; City; State; Zip Code <u>3501 Token Drive, Ste 100 Richardson TX 75082</u> | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Advertising</u> | (b) Description <u>Website</u> |
| | (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 (\$) | 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 (\$) | 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 |

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