FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 00082630					2 Total pages	filed: 9
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
					Date Received	
	NICKNAME	LAST	alition	SUFFIX	ELECTRONIC	CALLY FILED
		Texas First Co			02/26/2024	
4 FILER ADDRESS	ADDRESS / PO BOX; AF PO Box 90312	PT / SUITE #; CIT	Y; STATE;	ZIP CODE		
	PO BOX 90312				Date Hand-delivered	or Date Postmarked
Change of Address	Austin, TX 78709				Receipt #	Amount
5 FILER PHONE		ONE NUMBER	EXTENSION		Date Processed	
	(512) 277-6095				- Date 1 rocessed	
6 REPORT TYPE	January 15	30	th day before election	ı	Date Imaged	
	July 15	X 8tl	n day before election			
		☐ Ri	unoff			
7 PERIOD COVERED	Month Day Year 01/01/2024		HROUGH	Month Day 02/24/202	Year 24	
	01/01/2024	.,	INOCOTT	02/24/202	-4	
8 ELECTION	ELECTION DATE			ELECTION T	YPE	
	Month Day Year	· XP	rimary	Runoff	Other	
	03/05/2024		General	Special		
		-				
9 FILER	1. Candidates	A. Supported				
ACTIVITY	(Identify by name or, if applicable, classify by party.)					
(Attach lists on		B. Opposed				
plain paper to		В. Оррозец				
complete this report if						
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and					
	nature of issue.)	B. Opposed				
		B. Opposed				
	Officeholders Assisted	G	ary VanDeaver	State Representat	ive	
	(Identify by name or, if applicable, classify by party.)					
	T	<u> </u>				
22 -2 -12 - 2						
GO TO PAGE 2						

FORM DCE COVER SHEET PG 2

10 FILER NAME			11 Filer ID	(Ethics Commission Filers)
Texas First Coalition			00082630	
12 EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL	EXPENDITURES	\$	0.00
	2. TOTAL POLITICAL EXPEND	ITURES	\$	87,908.39
13 AFFIDAVIT	<u>-</u>			
		I swear, or affirm, under penalty of petrue and correct and includes all inforunder Title 15, Election Code.	erjury, that the ac rmation required	ccompanying report is to be reported by me
			ure of Filer or	
		Signature of individual with au	uthority to sign or	n behalf of entity
		(only if File	er is an entity)	
AFELY NOTARY CTANA	2 / CEAL ABOVE			
AFFIX NOTARY STAME	7 SEAL ABOVE			
	d before me, by the said,, 20, to certify which, witness		this the	day
UI	_, 2U, tO Certify Willoff, Withes:	s my nanu anu seai oi oince.		
Signature of officer ac	dministering oath Printed name	e of officer administering oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 9

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Texas First Coalition				00082630	
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)		Travis Clardy State Representat	tive	
12 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(identify by name or, if applicable, classify by party)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)		Ernest Bailes State Representat	tive	
12 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(identify by name or, if applicable, classify by party)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if		Justin Holland State Representa	ative	

FORM DCE ADDENDUM

Page 4 of 9

					- age rere
10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Texas First Coalition				00082630	
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		John Kuempel State Representa	ative	
12 COMMITTEE		<u> </u>			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		Hugh Shine State Representation	/e	
12 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(identify by name or, if applicable, classify by party)	''			
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)		DeWayne Burns State Represer	ntative	
	Assisted		DeWayne Burns State Represe	ntative	

FORM DCE ADDENDUM

Page 5 of 9

Candidates (identify by name or, if applicable, classify by party)	A. Supported B. Opposed		11 Filer ID 00082630	(Ethics Commission Filers)
(identify by name or, if			00082630	
(identify by name or, if				
	B. Opposed			
2. Measures (describe by date and location of election and nature of issue)	A. Supported			
	B. Opposed			
Officeholders Assisted (identify by name or, if applicable, classify by party)		Glenn Rogers State Representa	tive	
1. Candidates (identify by name or, if applicable, classify by party)	A. Supported			
	B. Opposed			
2. Measures (describe by date and location of election and nature of issue)	A. Supported			
	B. Opposed			
3. Officeholders Assisted (identify by name or, if applicable, classify by party)		Steve Allison State Representat	ive	
applicable, classily by party)				
	(describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if	(describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed 2. Measures (describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted (identify by name or, if	(describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed 4. Supported B. Opposed 2. Measures (describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed	Candidates B. Opposed

S	UBT	OTALS - DCE			FORM DCE
				C	OVER SHEET PG 3 6 of 9
	ER NAM	ME st Coalition		15 Filer ID 00082630	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	X	SCHEDULE F1: POLITICAL EXPENDITURE	ES		\$ 87,908.39
2.		SCHEDULE F2: UNPAID INCURRED OBLIG	GATIONS		\$
3.		SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD		\$
Forms	provid	ed by Texas Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.9000c47

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains hov	v to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 7/9	Texas First Coalition	00082630
4 Date	5 Payee name	
02/20/2024	CAMPAIGN STRATEGIES INC	
6 Amount (\$)	7 Payee address; City; State; Z	Zip Code
\$11,784.02	PO BOX 3308	
- Evanaditura from		
Expenditure from corporate funds	HOUSTON, TX 77253	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		PRINTING/POSTAGE FOR MAILER SUPPORTING GARY VANDEAVER
9 Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OF	YANDEAVER, GARY State	te Representative District 1 State Representative District 1
Date	Payee name	
02/20/2024	CAMPAIGN STRATEGIES INC	
Amount (\$)	Payee address; City; State; Z	Zin Code
\$13,006.76	PO BOX 3308	p Gode
Ψ10,000.70	1 0 200 3000	
Expenditure from corporate funds	HOUSTON, TX 77253	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedul	
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		PRINTING/POSTAGE FOR MAILER SUPPORTING GLENN ROGERS
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OF	ROGERS, GLENN State	te Representative District 60 State Representative District 60
Date	Payee name	
02/20/2024	CAMPAIGN STRATEGIES INC	
Amount (\$)	Payee address; City; State; Z	Zip Code
\$8,255.72	PO BOX 3308	
- Evansditura from		
Expenditure from corporate funds	HOUSTON, TX 77253	
PURPOSE	(a) Category (See Categories listed at the top of this schedul	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
2 /4 2 /12/13/12		PRINTING/POSTAGE FOR MAILER SUPPORTING STEPHEN ALLISON
Complete ONLY if direct		ce sought Office held
expenditure to benefit C/OF	ALLISON, STEPHEN State	te Representative District 121 State Representative District

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explai	ins how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 2/3 Rpt: 8/9	Texas First Coalition			0008263	30
4 Date	5 Payee name				
02/20/2024	CAMPAIGN STRATGIES INC				
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Co	de		
\$11,492.21	PO BOX 3308				
- Evanaditura from					
Expenditure from corporate funds	HOUSTON, TX 77253				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
EXPENDITURE			Check if travel	outside of Texas.	Complete Schedule T.
			PRINTING/P		OR MAILER SUPPORTING
9 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	e held
expenditure to benefit C/OI	^H CLARDY, TRAVIS	State Re	oresentative Distr	rict 11 State	e Representative District 11
Date	Payee name				
02/20/2024	CAMPAIGN STRATGIES INC				
Amount (\$)	Payee address; City; Sta	ate; Zip Co	de		
\$11,198.09	PO BOX 3308	a.to,p			
+11 ,200.00					
Expenditure from corporate funds	HOUSTON, TX 77253				
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
OF EXPENDITURE			Check if travel	outside of Texas.	Complete Schedule T.
			PRINTING/PERNEST BAI		OR MAILER SUPPORTING
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	e held
expenditure to benefit C/OF	H BAILES, ERNEST	State Re	oresentative Distr	rict 18 State	e Representative District 18
Date	Payee name				
02/20/2024	CAMPAIGN STRATGIES INC				
Amount (\$)	Payee address; City; Sta	ate; Zip Co	de		
\$7,812.21	3021 RIDGE RD STE 1 BOX 79				
Expenditure from					
corporate funds	HOLLAND, TX 75032				
PURPOSE	(a) Category (See Categories listed at the top of this	s schedule)	(b) Description		
OF EXPENDITURE			Check if travel	outside of Texas.	Complete Schedule T.
			PRINTING/P		OR MAILER SUPPORTING
Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office	e held
expenditure to benefit C/OF	HOLLAND, JUSTIN	State Re	oresentative Distr	rict 33 State	e Representative District 33

POLITICAL EXPENDITURES

SCHEDULE F1

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)

orean out ayment	The Instruction Guide explain	s how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 9/9	Texas First Coalition		00082630
4 Date	5 Payee name		
02/20/2024	CAMPAIGN STRATGIES INC		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
\$9,440.30	PO BOX 3308		
Expenditure from			
corporate funds	HOUSTON, TX 77253		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this se		
EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
		PRINTING/P	OSTAGE FOR MAILER SUPPORTING
		JOHN KEUM	IPEL
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	H KEUMPEL, JOHN	State Representative Distr	ict 44 State Representative District 44
Date	Payee name		
02/20/2024	CAMPAIGN STRATGIES INC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$5,718.60	PO BOX 3308		
Expenditure from			
corporate funds	HOUSTON, TX 77253		
PURPOSE	(a) Category (See Categories listed at the top of this se	chedule) (b) Description	
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
		PRINTING/P	OSTAGE FOR MAILER SUPPORTING
		HUGH SHIN	E
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	^H SHINE, HUGH	State Representative Distr	ict 55 State Representative District 55
Date	Payee name		
02/20/2024	CAMPAIGN STRATGIES INC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$9,200.48	PO BOX 3308		
Expenditure from			
corporate funds	HOUSTON, TX 77253		
PURPOSE	(a) Category (See Categories listed at the top of this se		
OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
			OSTAGE FOR MAILER SUPPORTING
		DEWAYNE E	OURINO
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiorare to benefit C/Of	1 BURNS, DEWAYNE	State Representative Distr	ict 58 State Representative District 58