

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
COVER SHEET PG 2

10 FILER NAME Texas First Coalition		11 Filer ID (Ethics Commission Filers) 00082630
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 87,908.39

13 AFFIDAVIT

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.

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, 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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 3 of 9

10 FILER NAME Texas First Coalition		11 Filer ID (Ethics Commission Filers) 00082630
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	Travis Clardy State Representative
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	Ernest Bailes State Representative
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	Justin Holland State Representative

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 4 of 9

10 FILER NAME Texas First Coalition		11 Filer ID (Ethics Commission Filers) 00082630
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	John Kuempel State Representative
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	Hugh Shine State Representative
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	DeWayne Burns State Representative

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 5 of 9

10 FILER NAME Texas First Coalition	11 Filer ID (Ethics Commission Filers) 00082630
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12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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)	Glenn Rogers State Representative	

12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	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 Representative	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
6 of 9

14 FILER NAME Texas First Coalition		15 Filer ID (Ethics Commission Filers) 00082630
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 87,908.39
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 7/9	2 FILER NAME Texas First Coalition	3 Filer ID (Ethics Commission Filers) 00082630
4 Date 02/20/2024	5 Payee name CAMPAIGN STRATEGIES INC	
6 Amount (\$) \$11,784.02 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING GARY VANDEAVER
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name VANDEAVER, GARY	Office sought State Representative District 1
		Office held State Representative District 1
Date 02/20/2024	Payee name CAMPAIGN STRATEGIES INC	
Amount (\$) \$13,006.76 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING GLENN ROGERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ROGERS, GLENN	Office sought State Representative District 60
		Office held State Representative District 60
Date 02/20/2024	Payee name CAMPAIGN STRATEGIES INC	
Amount (\$) \$8,255.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING STEPHEN ALLISON
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ALLISON, STEPHEN	Office sought State Representative District 121
		Office held State Representative District

POLITICAL EXPENDITURES

SCHEDULE F1

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: Sch: 2/3 Rpt: 8/9	2 FILER NAME Texas First Coalition	3 Filer ID (Ethics Commission Filers) 00082630
4 Date 02/20/2024	5 Payee name CAMPAIGN STRATGIES INC	
6 Amount (\$) \$11,492.21 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING TRAVIS CLARDY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CLARDY, TRAVIS	Office sought State Representative District 11
		Office held State Representative District 11
Date 02/20/2024	Payee name CAMPAIGN STRATGIES INC	
Amount (\$) \$11,198.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING ERNEST BAILES
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAILES, ERNEST	Office sought State Representative District 18
		Office held State Representative District 18
Date 02/20/2024	Payee name CAMPAIGN STRATGIES INC	
Amount (\$) \$7,812.21 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3021 RIDGE RD STE 1 BOX 79 HOLLAND, TX 75032	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING JUSTIN HOLLAND
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HOLLAND, JUSTIN	Office sought State Representative District 33
		Office held State 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 9/9	2 FILER NAME Texas First Coalition	3 Filer ID (Ethics Commission Filers) 00082630
4 Date 02/20/2024	5 Payee name CAMPAIGN STRATGIES INC	
6 Amount (\$) \$9,440.30 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING JOHN KEUMPEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KEUMPEL, JOHN	Office sought State Representative District 44
		Office held State Representative District 44
Date 02/20/2024	Payee name CAMPAIGN STRATGIES INC	
Amount (\$) \$5,718.60 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING HUGH SHINE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHINE, HUGH	Office sought State Representative District 55
		Office held State Representative District 55
Date 02/20/2024	Payee name CAMPAIGN STRATGIES INC	
Amount (\$) \$9,200.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 3308 HOUSTON, TX 77253	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. PRINTING/POSTAGE FOR MAILER SUPPORTING DEWAYNE BURNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BURNS, DEWAYNE	Office sought State Representative District 58
		Office held State Representative District 58