

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers) 00066932	2 Total pages filed: 6
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3 FILER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texans for Fiscal Responsibility	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 340283 Austin, TX 78734	
<input type="checkbox"/> Change of Address		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 780-7635	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election	
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election	
	<input type="checkbox"/> Runoff	

Date Received	
ELECTRONICALLY FILED	
02/26/2024	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount
Date Processed	
Date Imaged	

7 PERIOD COVERED	Month Day Year 01/26/2024	THROUGH	Month Day Year 02/24/2024
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8 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE		
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special	

9 FILER ACTIVITY	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported			
		B. Opposed	Rep. Kronda Thimesch State Representative		
		2. Measures <small>(Describe by date and location of election and nature of issue.)</small>		A. Supported	
				B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>				
	(Attach lists on plain paper to complete this report if necessary.)				

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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Texans for Fiscal Responsibility		11 Filer ID (Ethics Commission Filers) 00066932
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 70,144.75

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

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10 FILER NAME Texans for Fiscal Responsibility		11 Filer ID (Ethics Commission Filers) 00066932
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 Rep. Ellen Troxclair State Representative
	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)	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Texans for Fiscal Responsibility		15 Filer ID (Ethics Commission Filers) 00066932
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 70,144.75
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: 1/2 Rpt: 5/6	2 FILER NAME Texans for Fiscal Responsibility	3 Filer ID (Ethics Commission Filers) 00066932
4 Date 01/26/2024	5 Payee name Cornelius, Robert	
6 Amount (\$) \$13,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 315 North Doak Street Taylor, TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Voter Canvassing, Literature Distribution, GOTV opposing Kronda Thimesch and Ellen Troxclair.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Cornelius, Robert	
Amount (\$) \$30,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 315 North Doak Street Taylor, TX 76574	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Voter Canvassing, Literature Distribution, GOTV opposing Ellen Troxclair.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/23/2024	Payee name Direct Texas Maketing Group	
Amount (\$) \$7,144.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1260 S Business IH 35 New Braunfels, TX 78130	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Door Hangers opposing Kronda Thimesch and Ellen Troxclair.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

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			

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1 Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	2 FILER NAME Texans for Fiscal Responsibility	3 Filer ID (Ethics Commission Filers) 00066932
4 Date 02/23/2024	5 Payee name Political Communications Advertising	
6 Amount (\$) \$20,000.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 11 E. 44th St. Rm 301 New York, NY 10017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Cable and Digital Ads opposing Krona Thimesch.
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held