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) 00058635					2 Total pages file		
3	FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
		NICKNAME	LAST Texas Freedor	m Network	SUFFIX	Date Received ELECTRONICAL 07/15/2024	LLY FILED
4	FILER ADDRESS	ADDRESS / PO BOX; AF	T / SUITE #; CIT	Y; STATE;	ZIP CODE	1	
		P.O. Box 1624				Date Hand-delivered or D	Date Postmarked
	Change of Address	Austin, TX 78767				Receipt #	Amount
5	FILER PHONE	AREA CODE PHO (512) 322-0545	ONE NUMBER E	EXTENSION		Date Processed	
6	REPORT TYPE	January 15	므	th day before election		Date Imaged	
		X July 15		n day before election			
7	PERIOD COVERED	Month Day Year 04/25/2024		IROUGH	Month Day 06/30/2024	Year 4	
8	ELECTION	ELECTION DATE Month Day Year 05/04/2024		rimary x	ELECTION T	YPE Other	
9	FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Ar	ndres Rios Port C	ommissioner, Pla	ce 3	
	(Attach lists on plain paper to complete this report if		B. Opposed				
necessary.) 2. Measures (Describe by date and		(Describe by date and location of election and	A. Supported				
			B. Opposed				
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	GO TO PAGE 2						

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE COVER SHEET PG 2

10 FILER NAME			11 Filer ID	(Ethics Commission Filers)
Texas Freedom Ne	twork		00058635	
12 EXPENDITURE TOTALS 1. TOTAL UNITEMIZED POLITI		IIZED POLITICAL EXPENDITURES	\$	0.00
	2. TOTAL POLIT	TICAL EXPENDITURES	\$	30,057.83
13 AFFIDAVIT				
		I swear, or affirm, under p true and correct and inclu under Title 15, Election C	penalty of perjury, that the ac des all information required ode.	ccompanying report is to be reported by me
			Signature of Filer	
		Signature of indivi	or	n habalf of antity
		Signature of individ	dual with authority to sign or	n benail of entity
			(only if Filer is an entity)	
AFFIX NOTARY STA	AMP / SEAL ABOVE			
		uid rtify which, witness my hand and seal of offic		day
Signature of office	er administering oath	Printed name of officer administering oa	th Title of office	er administering oath

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE ADDENDUM

Page 3 of 12

						1 age 6 61 12
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Texas Freedom Networ				00058635		
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported	Josette Cruz Hi	nojosa Port Con	nmissioner, Pla	ce 5
(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)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	Patrick Everitt	Port Commission	er, Place 1	
(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)					

SUBTOTALS - DCE FORM DCE **COVER SHEET PG 3** 14 FILER NAME 15 Filer ID (Ethics Commission Filers) 00058635 **Texas Freedom Network 16** SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE F1: POLITICAL EXPENDITURES \$ 30,057.83 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/8 Rpt: 5/12 Texas Freedom Network 00058635 4 Date Payee name 05/04/2024 Collective Campaigns 6 Amount (\$) Payee address; State; Zip Code \$5,902.04 11124 Desert Willow Loop Expenditure from Austin, TX 78748 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Contract Canvassers Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Rios, Andres Port Commissioner Place 3 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/8 Rpt: 6/12 Texas Freedom Network 00058635 4 Date Payee name 05/04/2024 Facebook Advertising USA 6 Amount (\$) Payee address; City; State; Zip Code \$7,497.00 1601 Willow Rd Bldg 10 Expenditure from Menlo Park, CA 94025-1453 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Rios, Andres Port Commissioner Place 3 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Cruz Hinojosa, Josette Port Commissioner Place 5 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code

expenditure to benefit C/OH Everitt, Patrick

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

Port Commissioner Place 1

Check if travel outside of Texas. Complete Schedule T.

Office held

(a) Category (See Categories listed at the top of this schedule)

Candidate/Officeholder name

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Lahor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries	Expense Travel Out of District //Wages/Contract Labor OTHER (enter a category not listed above)
	The Instruction Guide explains how to o	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 3/8 Rpt: 7/12	Texas Freedom Network	00058635
4 Date	5 Payee name	·
05/04/2024	FedEx	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$38.75	942 South Shady Grove Road	
400.110	o 12 Goddi Ghaay Grove Roda	
Expenditure from	Manualia TN 00400	
corporate funds	Memphis, TN 38120	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		Drinting Evnence
		Printing Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-
experiulture to beliefit C/OI	H Rios, Andres Port Co	mmissioner Place 3
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
(+)	,,	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
experialitate to beliefit 6/01	H Cruz Hinojosa, Josette Port Co	mmissioner Place 5
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	Code
	,,,,,,,,	
Expenditure from		
corporate funds		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
-		
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	
experiental to belieff C/OI	H Everitt, Patrick Port Co	mmissioner Place 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor	OTHER (enter a catego	ry not listed above)	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethi	ics Commission Filers)	
Sch: 4/8 Rpt: 8/12	Texas Freedom Network		00058635	·	
4 Date	5 Payee name				
05/04/2024	HEB				
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode			
\$255.79	646 S Flores St				
Expenditure from corporate funds	San Antonio, TX 78204				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	Food/Beverage Expense	Check if travel	outside of Texas. Complete S	chedule T.	
		Food for pho	ne hanking		
		1 ddd for prior	ne banking		
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	laht	Office held		
expenditure to benefit C/OI	11	nmissioner Place :			
	1 of Col				
Date	Payee name				
	(see previous)				
Amount (\$)	Payee address; City; State; Zip Co	ode			
Expenditure from corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF	(See Categories listed at the top of this schedule)	_	outside of Texas. Complete S	chedule T.	
EXPENDITURE			·		
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held		
expenditure to benefit C/OI	H Cruz Hlnojosa, Josette Port Cor	nmissioner Place	5		
Date	Payee name				
Duto	(see previous)				
Λ ma quint (Φ)		- 4 -			
Amount (\$)	Payee address; City; State; Zip Co	ode			
Expenditure from					
corporate funds					
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
OF EXPENDITURE		Check if travel	outside of Texas. Complete S	chedule T.	
		L			
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Complete ONLY if direct Candidate/Officeholder name Office sought Office held				
SAPORGICATO TO DOTTONE O/OI	Fort Cor	nmissioner Place	1		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) **Texas Freedom Network** 00058635 Sch: 5/8 Rpt: 9/12 4 Date Payee name 05/04/2024 Radio United 6 Amount (\$) Payee address; City; State; Zip Code \$8,000.00 1201 N Jackson Rd Suite 900 Expenditure from McKallen, TX 78501 corporate funds PLIRPOSE

OF EXPENDITURE	Advertising Expense	this schedule)	Check if travel outside of Texas. Complete Schedule T. Spanish language radio ads
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name H Rios, Andres	Office sough	ht Office held nissioner Place 3
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Cod	e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Cruz Hinojosa, Josette	Office sough	ht Office held nissioner Place 5
Date	Payee name (see previous)		
Amount (\$) Expenditure from corporate funds	Payee address; City;	State; Zip Cod	е
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of t	this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H Everitt, Patrick	Office sough Port Comm	ht Office held nissioner Place 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Expense Printing Ex	pense /ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3	B Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 10/12	Texas Freedom Network			00058635
4	Date	5 Payee name			
	05/04/2024	TriNet HR III, Inc			
6	Amount (\$)	7 Payee address; City;	State; Zip Co	de	
	\$6,375.65	1 Park Place			
		Suite 600			
	Expenditure from corporate funds	Dublin, CA 94568-7983			
8	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract La		Check if travel ou	itside of Texas. Complete Schedule T.
	EXPENDITORE				
				Staff Costs	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office held
	expenditure to benefit C/OF	¹ Rios, Andres	Port Com	missioner Place 3	
	Date	Payee name			
		(see previous)			
_	Amount (\$)	Payee address; City;	State; Zip Co		
	γ unount (ψ)	r dyce dddress, City,	State, Zip Co	uc	
_	T Expenditure from				
L	corporate funds				
	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE			Check if travel ou	itside of Texas. Complete Schedule T.
	EXI ENDITORE				
	Complete ONLY if direct	Candidate/Officeholder name	Office sou		Office held
	expenditure to benefit C/OF	¹ Cruz Hinojosa, Josette	Port Com	missioner Place 5	
	Date	Payee name			
		(see previous)			
	Amount (\$)	Payee address; City;	State; Zip Co	de	
	γ unount (φ)	r dyoc ddaroso, only,	Otato, 21p 00	a c	
_	Expenditure from				
Ш	corporate funds		_		
	PURPOSE	(a) Category (See Categories listed at the	e top of this schedule)	(b) Description	
	OF EXPENDITURE			Check if travel ou	itside of Texas. Complete Schedule T.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sou		Office held
l		! Everitt Detriek	Port Com	missioner Place 1	
		¹ Everitt, Patrick	- Fort Con		
	experialitate to benefit G/OI	Evenii, Painck	Fort Con	THISSIONEL FIGURE 1	
	experiations to benefit Grof	Evenu, Paulok	Fort Con	missioner ridee 1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ges/Contract Labor OTHER (enter a category not listed above)
1 Total pages Schedule F1: Sch: 7/8 Rpt: 11/12	FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 05/04/2024	5 Payee name USPS	
6 Amount (\$) \$1,942.09	7 Payee address; City; State; Zip Code 8225 Cross Park	е
Expenditure from corporate funds	Austin, TX 78710	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Postage	 Description Check if travel outside of Texas. Complete Schedule T. Postage
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough H Rios, Andres Port Comn	office held nissioner Place 3
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	е
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough Cruz Hinojosa, Josette Port Comn	office held nissioner Place 5
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip Code	e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	b) Description Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough Everitt, Patrick Port Comn	ht Office held nissioner Place 1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor OTHER (enter a category not listed above)
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1 Total pages Schedule F1: Sch: 8/8 Rpt: 12/12	Z FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
•		00030033
4 Date	5 Payee name	
05/04/2024	Walmart	
6 Amount (\$)	7 Payee address; City; State; Zip C	ode
\$46.51	702 S.W. 84t St	
Expenditure from corporate funds	Bentonville, AR 72716	
8 PURPOSE		(h) p
OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense	Greek is dayer outside of rexast complete scriedule 1.
		Food and supplies for phone banking
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held
expenditure to benefit C/OI	11	mmissioner Place 3
	1 010 001	Timilode in the control of the contr
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from corporate funds		
·		Tax
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		mmissioner Place 5
·	Turi Cui	Timissioner Frace 3
Date	Payee name	
	(see previous)	
Amount (\$)	Payee address; City; State; Zip C	ode
Expenditure from		
corporate funds		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.
		0,5
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Everitt Patrick Port Commissioner Place 1		
experience to belief 6/01	Fort Cor	mmissioner Place 1