

**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)  
00082630

**2 Total pages filed:**  
4

**3 FILER NAME** MS / MRS / MR FIRST MI  
NICKNAME LAST SUFFIX  
Texas First Coalition

**4 FILER ADDRESS** ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 90312  
 Change of Address  
Austin, TX 78709

**OFFICE USE ONLY**  
Date Received  
ELECTRONICALLY FILED  
01/14/2025  
Date Hand-delivered or Date Postmarked  
Receipt # Amount  
Date Processed  
Date Imaged

**5 FILER PHONE** AREA CODE PHONE NUMBER EXTENSION  
(512) 277-6095

**6 REPORT TYPE**  January 15  30th day before election  
 July 15  8th day before election  
 Runoff

**7 PERIOD COVERED** Month Day Year  
07/01/2024 THROUGH 12/31/2024

**8 ELECTION** ELECTION DATE  
Month Day Year  
05/28/2024

ELECTION TYPE  
 Primary  Runoff  Other  
 General  Special

**9 FILER 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.)

**GO TO PAGE 2**

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Texas First Coalition		<b>11 Filer ID</b> (Ethics Commission Filers) 00082630
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 153.49

**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

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

<b>14 FILER NAME</b> Texas First Coalition		<b>15 Filer ID</b> (Ethics Commission Filers) 00082630
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 153.49
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	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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<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	<b>2</b> FILER NAME Texas First Coalition	<b>3</b> Filer ID (Ethics Commission Filers) 00082630
<b>4</b> Date 08/09/2024	<b>5</b> Payee name L2 INC	
<b>6</b> Amount (\$) \$153.49  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 5 SCHALKS CROSSING RD STE 220  PLAINSBORO, NJ 08536	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  PAYMENT FOR DCE COMMUNICATIONS DISCLOSED AS INCURRED OBLIGATIONS
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held