

# 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 filed: 7
3 FILER NAME	MS / MRS / MR FIRST MI		<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 03/31/2025
	NICKNAME LAST SUFFIX Texas Freedom Network		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1624  Austin, TX 78705		Date Hand-delivered or Date Postmarked
			Receipt # Amount
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 212-5001		Date Processed
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		Date Imaged
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year 01/01/2025 THROUGH 03/24/2025		
8 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 Ric Galvn San Antonio City Council, District 6	
		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.)		
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# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Texas Freedom Network		<b>11 Filer ID</b> (Ethics Commission Filers) 00058635
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	<b>\$</b> 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b> 4,834.87

**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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<b>10 FILER NAME</b> Texas Freedom Network		<b>11 Filer ID</b> (Ethics Commission Filers) 00058635
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Jalen McKee Rodriguez San Antonio City Council, District 2
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Terri Castillo San Antonio City Council, District 5
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
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14 FILER NAME Texas Freedom Network		15 Filer ID (Ethics Commission Filers) 00058635	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	4,834.87
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00

# 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.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 5/7	<b>2</b> FILER NAME Texas Freedom Network	<b>3</b> Filer ID (Ethics Commission Filers) 00058635
<b>4</b> Date 01/01/2025	<b>5</b> Payee name Brady and Peavy	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1122 Colorado St  Austin , TX 78701	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Legal Services	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Retainer for general legal services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2025	Payee name Brady and Peavy	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado St  Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Retainer for general legal services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/01/2025	Payee name Brady and Peavy	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1122 Colorado St  Austin , TX 78701	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Retainer for general legal services
Complete <u>ONLY</u> 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 6/7	<b>2</b> FILER NAME Texas Freedom Network	<b>3</b> Filer ID (Ethics Commission Filers) 00058635
<b>4</b> Date 03/24/2025	<b>5</b> Payee name TriNet HR III, Inc.	
<b>6</b> Amount (\$) \$1,342.68  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Staff time for general electoral work
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 03/24/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$454.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
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.  Staff time for electoral work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan, Ric	Office sought Office held San Antonio City Council District
Date 03/24/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$37.86  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
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.  Staff salary for electoral work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Jalen McKee	Office sought Office held San Antonio City Council 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  
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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 7/7	<b>2</b> FILER NAME Texas Freedom Network	<b>3</b> Filer ID (Ethics Commission Filers) 00058635
<b>4</b> Date	<b>5</b> Payee name (see previous)	
<b>6</b> Amount (\$)  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Teri	Office sought San Antonio City Council District