FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	lete this form.	1 Filer ID (Ethics Commission F 00058635	illers)	2 Total pages file 1:	
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY
	NICKNAME	LAST		SUFFIX	Date Received ELECTRONICA	II V EII ED
		Texas Freedo	m Network	33.1.	04/24/2025	ALL I FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1	
	P.O. Box 1624				Date Hand-delivered or	Date Postmarked
	Austin, TX 78705				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO (512) 212-5001	ONE NUMBER I	EXTENSION		Date Processed	
6 REPORT TYPE	January 15		Oth day before election			
		느	•		Date Imaged	
	July 15		h day before election unoff			
7 PERIOD COVERED	Month Day Year 03/25/2025		HROUGH	Month Day 04/23/202	Year 5	
8 ELECTION	ELECTION DATE Month Day Year	.	Primary	ELECTION T	YPE Other	
	05/03/2025		General	Runoff Special	Other	
			L	Jopeciai		
9 FILER ACTIVITY	1. Candidates	A. Supported R	ic Galvan San Ant	onio City Counci	I	
7.6	(Identify by name or, if applicable, classify by party.)					
(Attach lists on plain paper to		B. Opposed				
complete this report if						
necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
	natio of local,	B. Opposed				
	3. Officeholders					
	Assisted (Identify by name or, if					
	applicable, classify by party.)					
		GO 1	ΓO PAGE 2			

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 UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.00
	2. TOTAL POLIT	ICAL EXPENDITURES	\$	5,949.28
13 AFFIDAVIT			•	
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required t	companying report is to be reported by me
			Signature of Filer	
			or with authority to sign on	hehalf of entity
			lly if Filer is an entity)	benail of entity
		(6.1	ny ii i iioi io air oriaty)	
AFFIX NOTARY STA	AMP / SEAL ABOVE			
		id rtify which, witness my hand and seal of office.	, this the	day
U.	, 20, to oct	any which, whiless my hard and sear or office.		
Signature of office	er administering oath	Printed name of officer administering oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 11

10 FILER NAME		11 Filer ID (Ethics Commission Filers)
Texas Freedom Network		00058635
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party	A. Supported Jalen McKee Rodriguez San Ant	onio City Council
(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 1. Candidates (identify by name or, if applicable, classify by party	A. Supported Teri Castillo San Antonio City Co	puncil
(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 1. Candidates (identify by name or, if applicable, classify by party	A. Supported Ana Alicia Horn Mansfield ISD	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (describe by date and location of election and nature of issue)	A. Supported	
	B. Opposed	
Officeholders Assisted (identify by name or, if		

FORM DCE ADDENDUM

Page 4 of 11

10 FILER NAME		11 Filer ID (Ethics Commission Filers)
Texas Freedom Network		00058635
12 COMMITTEE ACTIVITY 1. Candidates (identify by name o applicable, classify)	r, if	Socorro ISD
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date a location of election nature of issue)		
	B. Opposed	
3. Officeholde Assisted (identify by name of applicable, classify	r, if	
12 COMMITTEE 1. Candidates (identify by name of applicable, classify)	r, if	riguez Socorro ISD
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date a location of election nature of issue)	A. Supported and	
	B. Opposed	
3. Officeholde Assisted (identify by name o applicable, classify	r, if	
12 COMMITTEE 1. Candidates (identify by name of applicable, classify)	,,,	er ISD
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date a location of election nature of issue)	A. Supported	
	B. Opposed	
3. Officeholde Assisted	ers	
(identify by name o	r if	

FORM DCE ADDENDUM

Page 5 of 11

						1 age e e 11
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Texas Freedom Networ	·k				00058635	
12 COMMITTEE ACTIVITY	1. Candidates (identify by name or, if applicable, classify by party)		Leah Hanany E	l Paso ISD		
(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)		Jack Loveridge	El Paso ISD		
(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)					

9	SUB'	TOTAL	S - DCE	.						FOF	RM DCE
									CC	VER SHE	ET PG 3 6 of 11
	ILER N							15 Filer I		(Ethics Commi	ssion Filers)
T	exas F	reedom Ne	twork					0005	8635		
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE							SUBTOTA	AL AMOUNT			
1	Х	SCHEDU	JLE F1: POLI	TICAL EXPEN	IDITURES					\$	5,949.28
2		SCHEDU	JLE F2: UNP	AID INCURRE	D OBLIGATI	IONS				\$	
3	i. 🗌	SCHEDU	JLE F4: EXPI	ENDITURES M	MADE BY CR	REDIT CARD)			\$	

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 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)

Candidate/Officenoider/Politica	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/5 Rpt: 7/11	Texas Freedom Network	00058635
4 Date	5 Payee name	·
03/31/2025	Etsy	
6 Amount (\$)	7 Payee address; City; State; Zi	p Code
\$6.48	117 Adams St	
Expenditure from		
corporate funds	Brooklyn , NY 11201	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Supplies	Check if travel outside of Texas. Complete Schedule T.
		Supplies for electoral work
9 Complete ONLY if direct		e sought Office held
expenditure to benefit C/O	H Galvan, Ric San	Antonio City Council District
Date	Payee name	
04/23/2025	HEB	
Amount (\$)	Payee address; City; State; Zi	p Code
\$36.15	646 S Flores St	
Expenditure from corporate funds	San Antonio, TX 78204	
PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description
OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
		Food for field events
Complete ONLY if direct		e sought Office held
expenditure to benefit C/O	^H Galvan, Ric San	Antonio City Council District
Date	Payee name	
03/31/2025	Prestige Printing	
Amount (\$)	Payee address; City; State; Zi	p Code
\$98.00	8 Burwood Lane	
Expenditure from		
corporate funds	San Antonio, TX 78216	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	
EXPENDITURE	Printing Expense	Check if travel outside of Texas. Complete Schedule T.
		GOTV Literature
Complete ONLY if direct		e sought Office held
expenditure to benefit C/O	H Galvan, Ric San	Antonio City Council District

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 8/11	Texas Freedom Network 00058635
4 Date	5 Payee name
04/07/2025	Target
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$32.46	1000 Nicollet Mall
Expenditure from corporate funds	Minneapolis, MN 55403
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	Supplies for electoral field work
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	<u> </u>
04/23/2025	Payee name TriNet HR III, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$2,113.00	1 Park Place
Expenditure from	Suite 600
corporate funds	Dublin, CA 94568-7983
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Staff time on general c4 electoral planning
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
04/23/2025	TriNet HR III, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1,831.33	1 Park Place
¥2,002.00	Suite 600
Expenditure from corporate funds	Dublin, CA 94568-7983
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Lahor Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/Wages/Contract Labor Labor Check if travel outside of Texas. Complete Schedule T.
	Staff time allocated to electoral work
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Galvan , Ric San Antonio City Council District

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 Git/Awards/Memorials Expense 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/5 Rpt: 9/11	Texas Freedom Network 00058635
4 Date	5 Payee name
04/23/2025	TriNet HR III, Inc.
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$86.45	1 Park Place
	Suite 600
Expenditure from corporate funds	Dublin, CA 94568-7983
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
_/	Chaff time allocated to alectavel work
	Staff time allocated to electoral work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	H Rodriguez, Jalen McKee San Antonio City Council District
Date	Payee name
04/23/2025	TriNet HR III, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$86.45	1 Park Place
	Suite 600
Expenditure from corporate funds	Dublin, CA 94568-7983
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	Staff time allocated to electoral work
	Cian time anotated to electoral work
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
<u> </u>	
Date	Payee name
04/23/2025	TriNet HR III, Inc.
Amount (\$)	Payee address; City; State; Zip Code
\$1,413.89	1 Park Place
Expenditure from	Suite 600
corporate funds	Dublin, CA 94568-7983
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Salaries/Wages/Contract Labor
LAFLINDITURE	20 11 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13
	Staff time allocated to electoral work
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abo	ove)
1 Total pages Schedule F1:	2 FILER NAM	 F				3	Filer ID	(Ethics Commission	on Filers)
Sch: 4/5 Rpt: 10/11	l	edom Network					00058635	())	· · · · · ·
4 Date	5 Payee name)							
04/23/2025	TriNet HR								
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
\$245.07	1 Park Pla	ce							
	Suite 600								
Expenditure from corporate funds	Dublin, CA	94568-7983							
8 PURPOSE	(a) Category (s	See Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE	Salaries/W	ages/Contract Labor			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
					Staff time allo	oca	ted to electo	oral work	
9 Complete ONLY if direct	Candidate/Of	ii a a la a la la u va a va a	0#:				Office he	al al	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ficeholder name licia	Office sou Mansfiel		O Place 4		Office ne	eiu	
Date	Payee name)							
	(see previo	ous)							
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
Expenditure from corporate funds									
PURPOSE	(a) Category (S	See Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ıaht			Office he	ald.	
expenditure to benefit C/O					District 3		Omee no	Siu -	
n .		•							
Date	Payee name								
	(see previo	ous)							
Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
Expenditure from									
corporate funds									
PURPOSE	(a) Category (5	See Categories listed at the top	of this schedule)	(b)	Description				
OF EXPENDITURE					Check if travel	outsi	de of Texas. Com	plete Schedule T.	
0 1. 6	0 1 1 1			<u> </u>				11	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ficeholder name	Office sou		Diotrict C		Office he	eid	
SAPONGIA. S TO BOHOM OF OF	Roariguez, I	Manuel de Jesus	Socorro	เรบ	District 5				

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 Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) 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) Sch: 5/5 Rpt: 11/11 Texas Freedom Network 00058635 4 Date Payee name (see previous) 6 Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Hanany, Leah El Paso ISD District 1 Date Payee name (see previous) Amount (\$) Payee address; City; State; Zip Code Expenditure from corporate funds PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description 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 Loveridge, Jack El Paso ISD District 3