

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: 11	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Texas Freedom Network				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1624				Date Received ELECTRONICALLY FILED 04/24/2025
	Austin, TX 78705				Date Hand-delivered or Date Postmarked
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 212-5001				Receipt # Amount
					Date Processed
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 Imaged
7 PERIOD COVERED	Month Day Year 03/25/2025		THROUGH Month Day Year 04/23/2025		
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 Galvan San Antonio City Council		
			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

10 FILER NAME Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 5,949.28

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 Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
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 Jalen McKee Rodriguez San Antonio City Council
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
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 (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (identify by name or, if applicable, classify by party)
	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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
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 Joshua Carter Guerra Socorro ISD
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
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 (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (identify by name or, if applicable, classify by party)
	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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
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 Leah Hanany El Paso ISD
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
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
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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	\$	5,949.28
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: 1/5 Rpt: 7/11	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 03/31/2025	5 Payee name Etsy	
6 Amount (\$) \$6.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 117 Adams St Brooklyn , NY 11201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Supplies for electoral work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan, Ric	Office sought San Antonio City Council District Office held
Date 04/23/2025	Payee name HEB	
Amount (\$) \$36.15 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 646 S Flores St San Antonio, TX 78204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Food for field events
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan, Ric	Office sought San Antonio City Council District Office held
Date 03/31/2025	Payee name Prestige Printing	
Amount (\$) \$98.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 8 Burwood Lane San Antonio, TX 78216	
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. GOTV Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan, Ric	Office sought San Antonio City Council District 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.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 8/11	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 04/07/2025	5 Payee name Target	
6 Amount (\$) \$32.46 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1000 Nicollet Mall Minneapolis, MN 55403	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Supplies for electoral field work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan, Ric	Office sought San Antonio City Council District Office held
Date 04/23/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$2,113.00 <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 on general c4 electoral planning
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 04/23/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$1,831.33 <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 allocated to electoral work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Galvan , Ric	Office sought San Antonio City Council District 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.

1 Total pages Schedule F1: Sch: 3/5 Rpt: 9/11	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 04/23/2025	5 Payee name TriNet HR III, Inc.	
6 Amount (\$) \$86.45 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
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. Staff time allocated to electoral work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Jalen McKee	Office sought San Antonio City Council District
Date 04/23/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$86.45 <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 allocated to electoral work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Castillo, Teri	Office sought San Antonio City Council District
Date 04/23/2025	Payee name TriNet HR III, Inc.	
Amount (\$) \$1,413.89 <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 allocated to electoral work
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campbell, Randy	Office sought Keller ISD Place 1

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: 4/5 Rpt: 10/11	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 04/23/2025	5 Payee name TriNet HR III, Inc.	
6 Amount (\$) \$245.07 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
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. Staff time allocated to electoral work
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Horn, Ana Alicia	Office sought Mansfield ISD Place 4 Office held
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Carter Guerra, Joshua	Office sought Socorro ISD District 3 Office held
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Rodriguez, Manuel de Jesus	Office sought Socorro ISD District 5 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.

1 Total pages Schedule F1: Sch: 5/5 Rpt: 11/11	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
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4 Date	5 Payee name (see previous)
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6 Amount (\$)	7 Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Hanany, Leah	Office sought El Paso ISD District 1	Office held
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Date	Payee name (see previous)
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Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Expenditure from corporate funds	

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Loveridge, Jack	Office sought El Paso ISD District 3	Office held
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