

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) 00066932	2 Total pages filed: 7
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texans for Fiscal Responsibility		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 340283 Austin, TX 78734		Date Received ELECTRONICALLY FILED 05/30/2025
			Date Hand-delivered or Date Postmarked
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 780-7635		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 type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff		Date Imaged
7 PERIOD COVERED	Month Day Year 05/04/2025 THROUGH 05/29/2025		
8 ELECTION	ELECTION DATE Month Day Year 06/07/2025		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input 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 Rolando Pablos Mayor	
		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 Texans for Fiscal Responsibility		11 Filer ID (Ethics Commission Filers) 00066932
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 151,244.35

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

Page 3 of 7

10 FILER NAME Texans for Fiscal Responsibility		11 Filer ID (Ethics Commission Filers) 00066932
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 Misty Spears 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)		

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Texans for Fiscal Responsibility		15 Filer ID (Ethics Commission Filers) 00066932	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES		\$	151,244.35
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: 1/3 Rpt: 5/7	2 FILER NAME Texans for Fiscal Responsibility	3 Filer ID (Ethics Commission Filers) 00066932
4 Date 05/23/2025	5 Payee name Mobilize the Message LLC	
6 Amount (\$) \$50,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 490 Hanover Port Lane Fort Walton Beach, FL 32547	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paid Door Knockers and Printing of Materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pablos, Rolando	Office sought Mayor 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 Spears, Misty	Office sought City Council 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 Porres, Sergio	Office sought City Council 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: 2/3 Rpt: 6/7	2 FILER NAME Texans for Fiscal Responsibility	3 Filer ID (Ethics Commission Filers) 00066932
4 Date 05/29/2025	5 Payee name Mobilize the Message LLC	
6 Amount (\$) \$94,499.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 490 Hanover Port Lane Fort Walton Beach, FL 32547	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Paid Door Knockers and Printing of Materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pablos, Rolando	Office sought Mayor 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 Spears, Misty	Office sought City Council 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 Porres, Sergio	Office sought City Council 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: 3/3 Rpt: 7/7	2 FILER NAME Texans for Fiscal Responsibility	3 Filer ID (Ethics Commission Filers) 00066932
4 Date 05/29/2025	5 Payee name Peerly Inc.	
6 Amount (\$) \$6,744.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 N Pine Island Road Suite 300 Plantation, FL 33324	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Text messages in support of Rolando Pablos for Mayor and Sergio Porres for City Council
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Pablos, Rolando	Office sought Mayor 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 Porres, Sergio	Office sought City Council Office held