

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) 00089757	2 Total pages filed: 4
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texas Lone Star Fiscal Action		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7114 Royal Lane Dallas, TX 75230		Date Received ELECTRONICALLY FILED 05/30/2025
			Date Hand-delivered or Date Postmarked
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 773-4090		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 Month Day Year 05/01/2025 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 Bill Roth Dallas City Council District 11	
		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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10 FILER NAME Texas Lone Star Fiscal Action		11 Filer ID (Ethics Commission Filers) 00089757
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 31,000.00

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
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14 FILER NAME Texas Lone Star Fiscal Action		15 Filer ID (Ethics Commission Filers) 00089757	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	31,000.00
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)

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1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Texas Lone Star Fiscal Action	3 Filer ID (Ethics Commission Filers) 00089757
4 Date 05/28/2025	5 Payee name Campaign HQ	
6 Amount (\$) \$14,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 257 Brooklyn, IA 52211	
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. Advocacy calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Roth, Bill	Office sought Dallas City Council District 11 Office held Dallas CC District 11
Date 05/22/2025	Payee name Visible Dialogue	
Amount (\$) \$17,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5435 North Garland Ave Suite 140 Garland, TX 75040	
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. Direct Mail
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Roth, Bill	Office sought Dallas City Council District 11 Office held None Place 11 District Dallas