

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 NICKNAME LAST SUFFIX Texas Lone Star Fiscal Action		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/02/2025 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7114 Royal Lane Dallas, TX 75230		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7114 Royal Lane Dallas, TX 75230		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 773-4090		
6 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff </div> </div>		
7 PERIOD COVERED	Month Day Year Month Day Year 05/30/2025 THROUGH 06/30/2025		
8 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 06/07/2025 </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
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 Mr. Bill Roth Dallas City Council D11 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.)		

GO TO PAGE 2

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

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	\$ 16,748.00

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
3 of 4

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	\$	16,748.00
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.

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 06/02/2025	5 Payee name Visible Dialogue	
6 Amount (\$) \$16,748.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5435 North Garland Ave Ste 140 Garland, TX 75040	
8 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. Direct Mail
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held