

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) 00090103		2 Total pages filed: 6	
3 FILER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX National Federation of Independent			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/06/2025	
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 12th St NW Suite 1001 Washington, DC 20004				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 555 12th St NW Suite 1001 Washington, DC 20004			Date Hand-delivered or Date Postmarked	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 684-1110			Receipt # Amount	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			Date Processed	
	Date Imaged				
7 PERIOD COVERED	Month Day Year Month Day Year 07/01/2025 THROUGH 09/25/2025				
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported B. Opposed		
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported Ballot ID: Prop9 HJR1 Election Date: 2025-11-04 Desc: Regarding Tangible Personal Property Tax Exemption 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 National Federation of Independent Business		11 Filer ID (Ethics Commission Filers) 00090103
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 2,857.58

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 6

14 FILER NAME National Federation of Independent Business		15 Filer ID (Ethics Commission Filers) 00090103	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES		\$	
2. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 2,857.58	
3. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: Sch: 1/3 Rpt: 4/6	2 FILER NAME National Federation of Independent Business	3 Filer ID (Ethics Commission Filers) 00090103
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 09/01/2025	6 Payee name NFIB - Design Team	
7 Amount (\$) \$2,259.64 <input checked="" type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
10 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. Design work for website and campaign relating to Prop. 9.
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/28/2025	Payee name NFIB - Government Relations	
Amount (\$) \$42.71 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE	
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. Speaking work related to Prop. 9.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: Sch: 2/3 Rpt: 5/6	2 FILER NAME National Federation of Independent Business	3 Filer ID (Ethics Commission Filers) 00090103
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/10/2025	6 Payee name NFIB - Government Relations
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7 Amount (\$) \$42.71 <input checked="" type="checkbox"/> Expenditure from corporate funds	8 Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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10 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. Speaking work related to Prop. 9.
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/11/2025	Payee name NFIB - Government Relations
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Amount (\$) \$42.71 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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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. Speaking work related to Prop. 9.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
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 F2: Sch: 3/3 Rpt: 6/6	2 FILER NAME National Federation of Independent Business	3 Filer ID (Ethics Commission Filers) 00090103
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 09/24/2025	6 Payee name NFIB - Government Relations
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7 Amount (\$) \$42.71	8 Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004
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☒ Expenditure from corporate funds

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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10 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. Speaking work related to Prop. 9.
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/25/2025	Payee name NFIB - Government Relations
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Amount (\$) \$427.10	Payee address; City; State; Zip Code 555 12th St NW Suite 1001 Washington, DC 20004
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☒ Expenditure from corporate funds

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political Not Applicable for Form DCE
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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. Administrative work related to Prop. 9.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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