# 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) 00090124						2 Total pages filed: 7	
3 FILER NAME	MS / MRS / MR	FIRST	•	MI	OFFICE U	JSE ONLY	
	NICKNAME	LAST National Wildli	ife Federation Acti	SUFFIX	Date Received  ELECTRONICA	ALLY FILED	
4 FILER ADDRESS	ADDDESS (DO DOV). AF			_	10/03/2025		
4 FILER ADDRESS	ADDRESS / PO BOX; AF 1200 G Street NW	71 / SUITE #; CIT	TY; STATE;	ZIP CODE			
	Suite 900				Date Hand-delivered or	r Date Postmarked	
	Washington, DC 20005				Receipt #	Amount	
5 FILER PHONE		ONE NUMBER	EXTENSION		1		
	(202) 797-6605	JIVE NOMBER	EXTENSION		Date Processed	•	
6 REPORT TYPE	January 15	X 30	Oth day before election		Date Imaged		
	July 15	8t	h day before election				
		R/	unoff				
7 PERIOD	Month Day Year			Month Day	Year		
COVERED	08/01/2025	Tł	HROUGH	10/03/202	5		
8 ELECTION	ELECTION DATE			ELECTION T	YPE		
	Month Day Year 11/04/2025	ſ <b>       </b>	Primary	Runoff	Other		
	11/04/2025	X	General	Special			
9 FILER ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported					
(Attach lists on plain paper to complete this report if		B. Opposed					
necessary.)  2. Measures (Describe by date and location of election and nature of issue.)  A. Supported Ballot ID:Prop 4 Election Date:2025-11-04 Desc:Allocate portion tax revenue to water fund amendment				ate portion sales			
		B. Opposed					
	Officeholders     Assisted						
	(Identify by name or, if applicable, classify by party.)						
		GO T	TO PAGE 2				

## DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

# FORM DCE COVER SHEET PG 2

0 FILER NAME		11 Filer ID (Eth	11 Filer ID (Ethics Commission Filers)			
National Wildlife Fe	deration Action Fund	00090124				
2 EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL EXPENDITURES	\$	0.00		
	2. TOTAL POLIT	TICAL EXPENDITURES	\$	175,178.75		
3 AFFIDAVIT						
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code	all information required to be	panying report is reported by me		
			Signature of Filer or with authority to sign on beh	alf of entity		
			lly if Filer is an entity)			
		aid rtify which, witness my hand and seal of office.	, this the	day		
Signature of office	r administering oath	Printed name of officer administering oath	Title of officer ad	ministering oath		

# **SUBTOTALS - DCE** FORM DCE **COVER SHEET PG 3** 14 FILER NAME 15 Filer ID (Ethics Commission Filers) 00090124 National Wildlife Federation Action Fund **16 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE F1: POLITICAL EXPENDITURES \$ 174,428.62 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ Х SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 750.13 3.

## **POLITICAL EXPENDITURES**

## SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.			Travel Out of District OTHER (enter a category not listed above)		
	l pages Schedule F1: ch: 1/2 Rpt: 4/7	l	E /ildlife Federation Acti	on Fund			3 Filer ID 00090124	(Ethics Commission Filers)
4 Date		5 Payee name						
	6/2025	Hunt Rese						
6 Amo	unt (\$)	7 Payee addr	ess; City;	State; Zip	Code			
	\$49,506.67	5019 Victo	r Street					
	penditure from porate funds	Dallas, TX	75214					
8 P	PURPOSE	(a) Category	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXF	OF EXPENDITURE Polling Expense Check if travel outside of				outside of Texas. C	omplete Schedule T.		
		Prop 4 research survey/polling					olling	
	plete <u>ONLY</u> if direct enditure to benefit C/OH		ficeholder name	Office	sought		Office	held
Date		Payee name	е					
09/3	80/2025	King, Suza	nne					
Amo	unt (\$)	Payee addr	ess; City;	State; Zip	Code			
\$192.31 1200 G Street NW								
Evn	penditure from	Suite 900						
	porate funds	Washingto	n, DC 20005					
Р	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description		
EXF	OF PENDITURE	Salaries/W	/ages/Contract Labor			Check if travel o	outside of Texas. C	omplete Schedule T.
						In-house staff between Augu		ting Prop 4 campaign ember 2025
	plete <u>ONLY</u> if direct enditure to benefit C/OF		ficeholder name	Office	sought		Office	held
Date		Payee name	<del></del>					
09/3	80/2025	Raettig, Ka	arla					
Amo	unt (\$)	Payee addr	ess; City;	State; Zip	Code			
	\$3,643.04	1200 G St	reet NW					
_		Suite 900						
	penditure from porate funds	Washingto	n, DC 20005					
Р	PURPOSE	(a) Category (	See Categories listed at the top	of this schedule)	(b)	Description		
EXF	OF PENDITURE	Salaries/W	ages/Contract Labor			Check if travel o	outside of Texas. C	omplete Schedule T.
						In-house staff between Augu		ting Prop 4 campaign ember 2025
	plete <u>ONLY</u> if direct enditure to benefit C/OF		ficeholder name	Office	sought		Office	held

#### POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 5/7 National Wildlife Federation Action Fund 00090124 4 Date Payee name 09/17/2025 Seeker Strategies Amount (\$) Payee address; State; Zip Code \$120,000.00 1609 S 1st Street Expenditure from Austin, TX 78704 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Campaign communications services in connection with Prop 4 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2025 Walker, Jennifer Amount (\$) Payee address; City; State; Zip Code \$1,086.60 1200 G Street NW Suite 900 Expenditure from Washington, DC 20005 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** In-house staff time supporting Prop 4 campaign between August and September 2025 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V4.1.0.f10d0fd8

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

### **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 F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Sch: 1/2 Rpt: 6/7	National Wildlife Federation Action Fund			00090124			
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$			
6 PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$189.88	(b) Date of Charge 08/19/2025	(c) Date(s) Credit Card Issuer	r Paid			
7 PAYEE	(a) Payee name  Hilton Garden Inn		(b) Payee address; City, State, Zip Code 301 West 17th Street  Austin, TX 78701				
8 PURPOSE OF EXPENDITURE  Political	(See Categories listed at the top of this schedule)  In-hour		(b) Description In-house staff hotel lodgin campaign	-house staff hotel lodging related to Austin Trip for Prop 4			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/OH  Candidate/Officeholder name Officeholder name			e sought	Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$403.48	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer	r Paid			
PAYEE	(a) Payee name United Airlines		(b) Payee address; 233 S Wacker Drive Chicago, IL 60606	City, State, Zip Code			
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  Travel In District			(b) Description	ed to Austin Trip for Prop 4			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.					
Complete ONLY if direct expenditure to benefit C/OH				Office held			
PAYMENT  Expenditure from corporate funds	(a) Amount Charged \$81.72	(b) Date of Charge 08/18/2025	(c) Date(s) Credit Card Issuer	<sup>r</sup> Paid			
PAYEE	(a) Payee name Uber		(b) Payee address; 1725 3d Street San Francisco , CA 94158	City, State, Zip Code			
PURPOSE OF EXPENDITURE  Political Non-Political	(a) Category (See Categories listed at the top Travel In District  (c) Check if travel outside Candidate/Officeholder	h in-house staff trip to Texas for  Office held					
Complete ONLY if direct expenditure to benefit C/OH	osmpolo <u>site:</u> il allost						

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

### **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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

teimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica				THER (enter a category not listed above)		
		The Inst	ruction Guide explains ho	ow to complete this form.			
1	Total pages Schedule F4: 2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
	Sch: 2/2 Rpt: 7/7	National Wildlife Fe	deration Action Fund		00090124		
4	CREDIT CARD	Name of financial institution		5 TOTAL OF UNITEMIZED			
	ISSUER	see pi	revious	EXPENDITURES	\$		
		l see providuo		CHARGED TO A CREDIT			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from	\$35.65	08/19/2025				
	corporate funds	Φ33.03	00/19/2025				
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code		
•	.,	(a) Fayee name		1725 Third Street	City, State, Zip Code		
		Uber		1725 Tilliu Street			
				Can Francisco CA 041E0			
_	PURPOSE OF	(a) Category		San Francisco, CA 94158 (b) Description	'		
8	EXPENDITURE	(See Categories listed at the top	of this schedule)	` ' '			
		Travel In District		Prop 4 campaign	Uber/tax in connection with in-house staff trip to Texas for Prop 4 campaign		
	Political			1, 1, 1, 1, 1, 1			
	Non-Political	1	of Texas. Complete Schedule T				
	Complete ONLY if direct	Candidate/Officeholder	name Off	fice sought	Office held		
e	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
	Expenditure from corporate funds	\$39.40	08/18/2025				
	corporate fanas						
	PAYEE	(a) Payee name	•	(b) Payee address;	City, State, Zip Code		
				1725 Third Street			
		Uber					
				San Francisco, CA 94158			
	PURPOSE OF	(a) Category		(b) Description			
	EXPENDITURE	(See Categories listed at the top  Travel In District	of this schedule)	Uber/tax in connection with in-house staff trip to Texas for			
	Political	Havei in District		Prop 4 campaign			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T				
	Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held		
e	xpenditure to benefit C/OH			· ·			