

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) 00058635	2 Total pages filed: 5	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/06/2025	
	NICKNAME LAST SUFFIX Texas Freedom Network			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 1624 Austin, TX 78705		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 212-5001		Date Processed	
6 REPORT TYPE	☐ January 15 ☒ 30th day before election		Date Imaged	
	☐ July 15 ☐ 8th day before election ☐ Runoff			
7 PERIOD COVERED	Month Day Year 07/01/2025		THROUGH Month Day Year 09/25/2025	
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other ☒ General ☐ 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 Lesley Guilmart Cy-Fair ISD, Position 5	
			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 Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 245.83

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

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10 FILER NAME Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635
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 Cleveland Lane Jr Cy-Fair ISD, Position 6
		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)	A. Supported Kendra Camarena Cy-Fair ISD, Position 7
		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 Texas Freedom Network		15 Filer ID (Ethics Commission Filers) 00058635	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	☒ SCHEDULE F1: POLITICAL EXPENDITURES	\$	245.83
2.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
3.	☐ 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: 1/1 Rpt: 5/5	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635
4 Date 09/25/2025	5 Payee name TriNet HR III, Inc.	
6 Amount (\$) \$245.83 ☐ Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1 Park Place Suite 600 Dublin, CA 94568-7983	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. Staff wages
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held