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: 7

3 FILER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

National Federation of Independent

4 FILER ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

555 12th St NW
Suite 1001
Washington, DC 20004

5 FILER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(703) 684-1110

6 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [X] 8th day before election
- [ ] Runoff

7 PERIOD COVERED

Month Day Year: 09/26/2025 THROUGH Month Day Year: 10/25/2025

8 ELECTION

ELECTION DATE: Month Day Year: 11/04/2025

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [X] 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
   - B. Opposed

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.)

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 10/27/2025

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

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	**$**	0.00
	2. TOTAL POLITICAL EXPENDITURES	**$**	27,683.00

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

14 FILER NAME	**15** Filer ID (Ethics Commission Filers)
National Federation of Independent Business	00090103

16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. [X] SCHEDULE F1: POLITICAL EXPENDITURES	**$** 27,597.58
2. [X] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$** 85.42
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/3 Rpt: 4/7	National Federation of Independent Business	00090103

4 Date	5 Payee name
10/07/2025	Alpha Media LLC

6 Amount ($)	7 Payee address; City; State; Zip Code
$5,100.00	4050 Eisenhauer Rd
[X] Expenditure from corporate funds	San Antonio, TX 78218

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Advertising on KTSA San Antonio Radio regarding Prop. 9.

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
10/01/2025	NFIB - Design Team

Amount ($)	Payee address; City; State; Zip Code
$2,259.64	555 12th St NW Suite 1001
[X] Expenditure from corporate funds	Washington, DC 20004

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	[ ] Check if travel outside of Texas. Complete Schedule T. Design work for website and campaign relating to Prop. 9. Previously reported on Schedule F2.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

Date	Payee name
10/15/2025	NFIB - Design Team

Amount ($)	Payee address; City; State; Zip Code
$1,491.03	555 12th St NW Suite 1001
[X] Expenditure from corporate funds	Washington, DC 20004

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	[ ] Check if travel outside of Texas. Complete Schedule T. Design work for website and campaign relating to Prop. 9.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/3 Rpt: 5/7	National Federation of Independent Business	00090103

4 Date	5 Payee name
10/01/2025	NFIB - Government Relations

6 Amount ($)	7 Payee address; City; State; Zip Code
$597.94 [X] Expenditure from corporate funds	555 12th St NW Suite 1001 Washington, DC 20004

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	[ ] Check if travel outside of Texas. Complete Schedule T. Speaking and administrative work related to Prop. 9. Previously reported on Schedule F2.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/15/2025	NFIB - Government Relations

Amount ($)	Payee address; City; State; Zip Code
$298.97 [X] Expenditure from corporate funds	555 12th St NW Suite 1001 Washington, DC 20004

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	[ ] Check if travel outside of Texas. Complete Schedule T. Speaking and administrative work related to Prop. 9.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
10/02/2025	Salem Media Group INC.

Amount ($)	Payee address; City; State; Zip Code
$4,050.00 [X] Expenditure from corporate funds	6400 North Belt Line Rd #120 Irving, TX 75063

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	[ ] Check if travel outside of Texas. Complete Schedule T. Advertisement on KSKY The Answer (660 AM, Radio and Streaming) regarding Prop. 9.

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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: 3/3 Rpt: 6/7	**2** FILER NAME National Federation of Independent Business	**3** Filer ID (Ethics Commission Filers) 00090103
4 Date 10/01/2025	**5** Payee name iHeartMedia	
6 Amount ($) $13,800.00 [X] Expenditure from corporate funds	**7** Payee address; City; State; Zip Code 125 W 55th St New York, NY 10019	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Advertising Expense	**(b)** Description [ ] Check if travel outside of Texas. Complete Schedule T. Advertisement on KTRH Houston (740 AM, Radio and Streaming) regarding Prop. 9.

9 Complete ONLY 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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 7/7	National Federation of Independent Business	00090103

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS — **$**

5 Date: 10/15/2025

6 Payee name: NFIB - Government Relations

7 Amount ($): $42.71

[X] Expenditure from corporate funds

8 Payee address; City; State; Zip Code:
555 12th St NW
Suite 1001
Washington, DC 20004

9 TYPE OF EXPENDITURE

[ ] Political [ ] 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

[ ] Check if travel outside of Texas. Complete Schedule T.

Speaking work related to Prop. 9.

11 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date: 10/16/2025

Payee name: NFIB - Government Relations

Amount ($): $42.71

[X] Expenditure from corporate funds

Payee address; City; State; Zip Code:
555 12th St NW
Suite 1001
Washington, DC 20004

TYPE OF EXPENDITURE

[ ] Political [ ] 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

[ ] Check if travel outside of Texas. Complete Schedule T.

Speaking work related to Prop. 9.

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held