## 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) 00090160					2 Total pages file 8	
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
	NICKNAME	LAST National Lando	owners Federation	SUFFIX	Date Received ELECTRONICA 10/27/2025	LLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	TY; STATE;	ZIP CODE	1	
	PO Box 93022				Date Hand-delivered or	Date Postmarked
	Des Moines, IA 50393				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO	ONE NUMBER E	EXTENSION		1	
2 DEDOOT TYPE	(515) 242-2456				Date Processed	
6 REPORT TYPE	January 15		Oth day before election		Date Imaged	
	July 15		h day before election unoff		<u> </u>	
7 PERIOD COVERED	Month Day Year 10/01/2025		HROUGH	Month Day 10/25/202	Year 5	
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		Primary E	ELECTION T	YPE  X Other  ballot measu	ure
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				
			allot ID:null Electic rea in Hood Count			
	Officeholders     Assisted  (Identify by name or, if					
	applicable, classify by party.)					
		<b>GO</b> 1	ΓO PAGE 2			

## DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

## FORM DCE COVER SHEET PG 2

10	FILER NAME					11 Filer ID	(Ethics Commission Filers)	
National Landowners Federation Action Fund			00090160					
	EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$	0.00		
		2. TOTAL POLITION	OTAL POLITICAL EXPENDITURES			\$	116,639.01	
13	AFFIDAVIT							
				I swear, or affirm, under true and correct and incl under Title 15, Election (	ludes all infor	erjury, that the ac mation required	ccompanying report is to be reported by me	
						ıre of Filer or		
				Signature of indiv		uthority to sign on behalf of entity		
					(only if File	er is an entity)		
	AFFIX NOTARY CTAMP	A CEAL ABOVE						
	AFFIX NOTARY STAMP	// SEAL ABOVE						
	Sworn to and subscribed					his the	day	
	of	_, 20, to certi	ty which, witness	s my hand and seal of offi	ice.			
	Signature of officer ad	lministering oath	Printed name	of officer administering of	oath	Title of office	er administering oath	

# **SUBTOTALS - DCE** FORM DCE **COVER SHEET PG 3** 14 FILER NAME 15 Filer ID (Ethics Commission Filers) 00090160 National Landowners Federation Action Fund **16 SCHEDULE SUBTOTALS** SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE F1: POLITICAL EXPENDITURES \$ 116,639.01 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services  The Instruction Guide			pense ages/	Contract Labor	Trave	l Out of Dis R (enter a	
1	Total pages Schedule F1:	2 FILER NAM	IE				[:	<b>3</b> Filer	ID	(Ethics Commission Filers)
	Sch: 1/5 Rpt: 4/8	National L	andowners Federat	ion Action	Fund			000	90160	
4	Date	5 Payee nam	е							
	10/24/2025	DF Strate	jies LLC							
6	Amount (\$)	7 Payee addr	ess; City;	State;	Zip Cod	de				
	\$1,275.43	2835 N 79	th Street							
X	Expenditure from corporate funds	Lincoln, N	E 68507							
8	PURPOSE	(a) Category	See Categories listed at the to	op of this sched	dule)	(b)	Description			
	OF EXPENDITURE	Travel exp	ense				Check if travel ou	utside of T	exas. Com	plete Schedule T.
							Travel expens	e to att	end tov	wnhall meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		fficeholder name	Of	ffice soug	ght		(	Office he	eld
	Date	Payee nam	e							
	10/24/2025	DF Strate	gies LLC							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de				
	\$3,000.00	2835 N 79th Street								
	Expenditure from corporate funds	Lincoln, N	E 68507							
	PURPOSE OF	(a) Category (	See Categories listed at the to	op of this sched	dule)	(b)	Description			
	EXPENDITURE	Consulting	j Expense				Check if travel or	utside of T	exas. Com	plete Schedule T.
							Consulting exp	oense		
	Occupated ONLY if disease	0 11 -1 - 1 - 10		0.1	<b>(</b> (:	.1-4			Off:  -	-1.1
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Oi	ffice soug	gnt			Office he	ela
	Date	Payee nam	e							
	10/06/2025	Mercury E	nterprises							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	de				
	\$100,000.00	218 E Bea	rss Avenue							
		#405								
Х	Expenditure from corporate funds	Tampa, Fl	33613							
	PURPOSE	(a) Category	See Categories listed at the to	op of this sched	dule) (	(b)	Description			
	OF EXPENDITURE	Consulting		•			Check if travel ou	utside of T	exas. Com	plete Schedule T.
	EXI ENDITORE						Block walker p	orogran	n and m	naterials
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Of	ffice soug	ght			Office he	eld

### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 2/5 Rpt: 5/8	National Landowners Federation Action	Fund	00090160
4 Date	5 Payee name		I .
10/06/2025	Victory Enterprises		
6 Amount (\$)	·	Zip Code	
\$2,479.01	5200 30th Street SW	Zip Code	
Ψ2,479.01	J200 30th Street 3VV		
X Expenditure from corporate funds	Davenport, IA 52802		
8 PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.
EXI ENDITORE		B. C. day	Late South and
		Radio ad and	a digital ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ffice sought	Office held
Date	Payee name		
10/13/2025	Victory Enterprises		
Amount (\$)		Zip Code	
\$1,130.90	5200 30th Street SW	Zip	
Ψ1,100.00	J200 John Sheet Svv		
Expenditure from corporate funds	Davenport, IA 52802		
PURPOSE	(a) Category (See Categories listed at the top of this sche		
OF EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
		door hangers	
		uooi nangera	
2 1: 200 / 7 1:	- "		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ffice sought	Office held
Date	Payee name		
10/24/2025	Victory Enterprises		
Amount (\$)		Zip Code	
\$1,899.57	5200 30th Street SW	Zip Couc	
Ψ±,000.01	S200 Sour Succe Svv		
Expenditure from			
corporate funds	Davenport, IA 52802		
PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.
		mailer and no	2012.20
		mailer and po	ustage
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ffice sought	Office held

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	al Committee 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: 3/5 Rpt: 6/8	National Landowners Federation Action Fund 00090160							
4 Date	5 Payee name							
10/08/2025	Victory Enterprises							
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 5200 30th Street SW							
Expenditure from								
corporate funds	Davenport, IA 52802							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this school Call services		outside of Texas. Complete Schedule T.					
		Call services						
Complete ONLY if direct expenditure to benefit C/Ol		Office sought	Office held					
Date	Payee name							
10/09/2025	Victory Enterprises							
Amount (\$)	Payee address; City; State;	Zip Code						
\$1,649.57	\$1,649.57 5200 30th Street SW							
Expenditure from corporate funds	Davenport, IA 52802							
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.							
	mailer							
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office held					
Date	Payee name							
10/13/2025	Victory Enterprises							
Amount (\$)								
\$199.08	5200 30th Street SW	·						
X Expenditure from corporate funds	Davenport, IA 52802							
PURPOSE OF	(a) Category (See Categories listed at the top of this scho							
EXPENDITURE	Advertising Expense	Check if travel	outside of Texas. Complete Schedule T.					
	door hanger							
Complete CNU V Station	Condidate/Officeledd - 177-177	Affica accorde	Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held					

#### SCHEDULE F1

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

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
<del> </del>		·	
1 Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
Sch: 4/5 Rpt: 7/8	National Landowners Federation Action Fund		00090160
4 Date	5 Payee name	•	
10/20/2025	Victory Enterprises		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$300.00	5200 30th Street SW		
Expenditure from corporate funds	Davenport, IA 52802		
·	·		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outsic	le of Texas. Complete Schedule T.
		flyer	
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
expenditure to benefit C/OI	<del>1</del>	-	
Date	Payee name		
10/23/2025	Victory Enterprises		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$600.00	5200 30th Street SW		
\$000.00	0200 Cour Cucci GW		
Expenditure from			
corporate funds	Davenport, IA 52802		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF	Call services	_ `	le of Texas. Complete Schedule T.
EXPENDITURE		_	
		Call services	
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
expenditure to benefit C/OI		giit	Omos nota
'			
Date	Payee name		
10/24/2025	Victory Enterprises		
Amount (\$)	Payee address; City; State; Zip Co	de	
` ′	5200 30th Street SW	uo .	
\$1,933.81	5200 30th Sheet SW		
Expenditure from			
corporate funds	Davenport, IA 52802		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF			le of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense	ш	
		mailer	
Operation Children	Operation to 1000 and 111		Office health
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	gnt	Office held
Experience to beliefft C/OI	<u> </u>		

#### 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 OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00090160 Sch: 5/5 Rpt: 8/8 National Landowners Federation Action Fund 4 Date Payee name 10/24/2025 Victory Enterprises 6 Amount (\$) Payee address; State; Zip Code \$1,571.64 5200 30th Street SW Expenditure from Davenport, IA 52802 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. Advertising Expense **EXPENDITURE** 1571.64 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH