

**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) 00090354	2 Total pages filed: 4	
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY	
	NICKNAME LAST SUFFIX Citizens for Integrity and			Date Received ELECTRONICALLY FILED 02/03/2026	
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked	
	PO Box 26141 Alexandria, VA 22313			Receipt # Amount	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Processed	
	(703) 558-9063			Date Imaged	
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election			
					<input type="checkbox"/> Runoff
7 PERIOD COVERED	Month	Day	Year	Month	Day
	07/01/2025			THROUGH 12/31/2025	
8 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
03/03/2026			<input type="checkbox"/> General	<input type="checkbox"/> 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 Rep. Marc LaHood State Representative		
			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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**DIRECT CAMPAIGN EXPENDITURES
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**FORM DCE
COVER SHEET PG 2**

10 FILER NAME	Citizens for Integrity and Accountability Foundation	
11 Filer ID	(Ethics Commission Filers) 00090354	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 101,367.50

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 4

14 FILER NAME Citizens for Integrity and Accountability Foundation	15 Filer ID (Ethics Commission Filers) 00090354
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$
2. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 101,367.50
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: 1/1 Rpt: 4/4	2 FILER NAME Citizens for Integrity and Accountability Foundation	3 Filer ID (Ethics Commission Filers) 00090354	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 12/01/2025	6 Payee name American Made Media Consultants LLLC		
7 Amount (\$) \$101,367.50	8 Payee address; City; State; Zip Code 4040 Fairfax Dr Ste 500 Arlington, VA 22203		
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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. TV, Digital, Mail	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LaHood, Marc (Rep.)	Office sought State Representative District	Office held State Representative District