

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 filed: 6	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/08/2026	
	NICKNAME LAST SUFFIX National Landowners Federation			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 93022 Des Moines, IA 50393		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (515) 242-2456		Date Processed	
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		Date Imaged	
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
7 PERIOD COVERED	Month Day Year 10/26/2025		THROUGH Month Day Year 12/31/2025	
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special ballot measure	
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		
		B. Opposed Ballot ID:null Election Date:2025-11-04 Desc:Whether to incorporate an area in Hood County, TX into the new municipality of Mitchell Bend, TX		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME National Landowners Federation Action Fund		11 Filer ID (Ethics Commission Filers) 00090160
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 15,117.83

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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
3 of 6

14 FILER NAME National Landowners Federation Action Fund		15 Filer ID (Ethics Commission Filers) 00090160	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES		\$ 15,117.83	
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
3. <input type="checkbox"/> 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: 1/3 Rpt: 4/6	2 FILER NAME National Landowners Federation Action Fund	3 Filer ID (Ethics Commission Filers) 00090160
4 Date 10/28/2025	5 Payee name Victory Enterprises	
6 Amount (\$) \$3,071.64	7 Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 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. ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/31/2025	Candidate/Officeholder name Victory Enterprises	Office sought Office held
Amount (\$) \$2,586.54	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Victory Enterprises	Office sought Office held
Amount (\$) \$4,532.35	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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)

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1 Total pages Schedule F1: Sch: 2/3 Rpt: 5/6	2 FILER NAME National Landowners Federation Action Fund	3 Filer ID (Ethics Commission Filers) 00090160
4 Date 11/04/2025	5 Payee name Victory Enterprises	
6 Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 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. GOTV calls
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name	Office sought
Payee name Victory Enterprises	Office held	
Amount (\$) \$550.00	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name	Office sought
Payee name Victory Enterprises	Office held	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name	Office sought
Payee name Victory Enterprises	Office held	
Amount (\$) \$500.00	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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)

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1 Total pages Schedule F1: Sch: 3/3 Rpt: 6/6	2 FILER NAME National Landowners Federation Action Fund	3 Filer ID (Ethics Commission Filers) 00090160
4 Date 12/05/2025	5 Payee name Victory Enterprises	
6 Amount (\$) \$2,792.71	7 Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
8 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. ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/30/2025	Payee name Victory Enterprises	
Amount (\$) \$584.59	Payee address; City; State; Zip Code 5200 30th Street SW Davenport, IA 52802	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held