

**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) 00090602	2 Total pages filed: 4
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY
	NICKNAME LAST SUFFIX VoteVets			Date Received ELECTRONICALLY FILED 01/22/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 11293			Date Hand-delivered or Date Postmarked
	Portland, OR 97211			Date Processed
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (646) 415-8429			Receipt # Amount
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Runoff			Date Imaged
7 PERIOD COVERED	Month Day Year 01/12/2026	THROUGH Month Day Year 01/21/2026		
8 ELECTION	ELECTION DATE Month Day Year 01/31/2026	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <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 Taylor Rehmet State Senator 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.)			

GO TO PAGE 2

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME VoteVets	11 Filer ID (Ethics Commission Filers) 00090602
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES
	\$ 0.00 \$ 506,939.77

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 VoteVets	15 Filer ID (Ethics Commission Filers) 00090602
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 506,939.77
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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: 4/4	2 FILER NAME VoteVets	3 Filer ID (Ethics Commission Filers) 00090602
4 Date 01/12/2026	5 Payee name Aisle 518 Strategies LLC	
6 Amount (\$) \$325,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2045 W Grand Ave Ste B #31638 Chicago, IL 60612	
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. Digital Advertising Buy
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rehmet, Taylor	Office sought State Senator District 09
Date 01/13/2026	Payee name Backstory Strategies LLC	
Amount (\$) \$6,939.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3147 Tennyson St NW Washington, DC 20015	
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 and Digital Advertising Production
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rehmet, Taylor	Office sought State Senator District 09
Date 01/12/2026	Payee name Targeted Platform Media, LLC	
Amount (\$) \$175,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO Box 327 Crownsville, MD 21032	
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 Advertising Buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Rehmet, Taylor	Office sought State Senator District 09