

**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) 00066017	2 Total pages filed: 7
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texas Farm Bureau			Date Received ELECTRONICALLY FILED 01/14/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 2689			Date Hand-delivered or Date Postmarked
	WACO, TX 76702-2689			Receipt # Amount
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 772-3030 x2217			Date Processed
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			Date Imaged
7 PERIOD COVERED	Month Day Year 10/26/2025	Month Day Year THROUGH 12/31/2025		
8 ELECTION	ELECTION DATE Month Day Year 11/04/2025	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" 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		
		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported Ballot ID:PROP 1 Election Date:2025-11-04 Desc:FUNDING TSTC B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			

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**FORM DCE
COVER SHEET PG 2**

10 FILER NAME Texas Farm Bureau	11 Filer ID (Ethics Commission Filers) 00066017
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES 2. TOTAL POLITICAL EXPENDITURES
	\$ 0.00 \$ 99.11

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

**DIRECT CAMPAIGN EXPENDITURES
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**FORM DCE
ADDENDUM**

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10 FILER NAME Texas Farm Bureau		11 Filer ID (Ethics Commission Filers) 00066017
12 COMMITTEE 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:PROP 2 Election Date:2025-11-04 Desc:PROHIBITING CAPITAL GAINS TAX B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:PROP 4 Election Date:2025-11-04 Desc:FUNDING TEXAS WATER FUND B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:PROP 5 Election Date:2025-11-04 Desc:EXEMPT ANIMAL FEED FROM PROPERTY TAX B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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10 FILER NAME Texas Farm Bureau		11 Filer ID (Ethics Commission Filers) 00066017
12 COMMITTEE 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:PROP 8 Election Date:2025-11-04 Desc:PROHIBIT DEATH TAXES B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:prop 9 Election Date:2025-11-04 Desc:EXEMPT PORTION OF INCOME PRODUCING PROPERTY FROM PROPERTY TAX B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:PROP 11 Election Date:2025-11-04 Desc:INCREASE HOMESTEAD EXEMPTION OF A PERSON WHO IS ELDERLY OR DISABLED B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

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ADDENDUM**

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10 FILER NAME Texas Farm Bureau		11 Filer ID (Ethics Commission Filers) 00066017
12 COMMITTEE 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:PROP 13 Election Date:2025-11-04 Desc:INCREASE RESIDENCE HOMESTEAD EXEMPTION FROM \$100,000 TO \$140,000 B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:PROP 16 Election Date:2025-11-04 Desc:CLARIFYING THAT A VOTER MUST BE A UNITED STATES CITIZEN B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 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:PROP 17 Election Date:2025-11-04 Desc:AUTHORIZE PROPERTY TAX EXEMPTION FOR BORDER SECURITY INFRASTRUCTURE B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	

SUBTOTALS - DCE**FORM DCE**
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14 FILER NAME Texas Farm Bureau	15 Filer ID (Ethics Commission Filers) 00066017
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 99.11
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: 7/7	2 FILER NAME Texas Farm Bureau	3 Filer ID (Ethics Commission Filers) 00066017
4 Date 10/31/2025	5 Payee name TOMASCIK, JULIE	
6 Amount (\$) \$49.55	7 Payee address; City; 826 CR 478 LOTT, TX 76656-3799	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. SALARY TO SUPPORT PROPOSITIONS 1,2,4,5,8,9,11,13,16,17
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name TOMASCIK, JULIE	Office sought Office held
Date 11/03/2025	Payee name TOMASCIK, JULIE	
Amount (\$) \$49.56	Payee address; City; 826 CR 478 LOTT, TX 76656-3799	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. SALARY TO SUPPORT PROPOSITIONS 1,2,4,5,8,9,11,13,16,17
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name TOMASCIK, JULIE	Office sought Office held