

**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) 00058635	2 Total pages filed: 10
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texas Freedom Network			Date Received ELECTRONICALLY FILED 01/14/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	P.O. Box 1624 Austin, TX 78705			Receipt # Amount
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Processed
	(512) 212-5001			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 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 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 Lesley Guilmart Cy-Fair School Board, Position 5 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
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME	Texas Freedom Network	
11 Filer ID	(Ethics Commission Filers) 00058635	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 985.77

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

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
ADDENDUM**

Page 3 of 10

10 FILER NAME Texas Freedom Network		11 Filer ID (Ethics Commission Filers) 00058635	
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 Cleveland Lane, Jr Cy-Fair School Board, Position 6	
		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)		
	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 Kendra Camarena Cy-Fair School Board, Position 7
			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)			

SUBTOTALS - DCE**FORM DCE**
COVER SHEET PG 3
4 of 10

14 FILER NAME Texas Freedom Network	15 Filer ID (Ethics Commission Filers) 00058635
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 985.77
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: 1/6 Rpt: 5/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 10/26/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$199.78	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held

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: 2/6 Rpt: 6/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 10/27/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$199.78	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane, Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held

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: 3/6 Rpt: 7/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 10/28/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$113.55	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane, Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held

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: 4/6 Rpt: 8/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 10/29/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$153.68	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane, Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held

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: 5/6 Rpt: 9/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 11/03/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$253.59	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane, Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held

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: 6/6 Rpt: 10/10	2 FILER NAME Texas Freedom Network	3 Filer ID (Ethics Commission Filers) 00058635	
4 Date 11/04/2025	5 Payee name TriNet HR III, Inc.		
6 Amount (\$) \$65.39	7 Payee address; City; 1 Park Place Suite 600 Dublin, CA 94568-7983	State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds	(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. Staff salaries	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Guilmart, Lesley	Office sought Cy-Fair School Board Place 5	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Lane, Jr, Cleveland	Office sought Cy-Fair School Board Place 6	Office held
Date	Payee name (see previous)		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Expenditure from corporate funds			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Camarena, Kendra	Office sought Cy-Fair School Board Place 7	Office held