

**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) 00090611	2 Total pages filed: 5
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY
	NICKNAME LAST SUFFIX Chispa TX, a program of the			Date Received ELECTRONICALLY FILED 01/15/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 740 15th St NW, Ste 700			Date Hand-delivered or Date Postmarked
	Washington, DC 20005			Date Processed
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 785-8683			Receipt # Amount
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 10/30/2025	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		
		B. Opposed		
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported	Ballot ID:4 Election Date:2025-11-04 Desc:Texas Proposition 4, Allocate Portion of Sales Tax Revenue to Water Fund Amendment	
		B. Opposed		
3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

GO TO PAGE 2

**DIRECT CAMPAIGN EXPENDITURES
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**FORM DCE
COVER SHEET PG 2**

10 FILER NAME	Chispa TX, a program of the League of Conservation Voters, Inc.	11 Filer ID (Ethics Commission Filers)
		00090611
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 225.29
	2. TOTAL POLITICAL EXPENDITURES	\$ 2,214.77

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 5

14 FILER NAME Chispa TX, a program of the League of Conservation Voters, Inc.	15 Filer ID (Ethics Commission Filers) 00090611
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 1,220.03
2. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 994.74

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)

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1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/5	2 FILER NAME Chispa TX, a program of the League of Conservation	3 Filer ID (Ethics Commission Filers) 00090611	
4 Date 12/01/2025	5 Payee name Ramp		
6 Amount (\$) \$994.74	7 Payee address; City; 28 W 23rd St Fl 2 New York, NY 10010		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. Credit Card Payment for Expenses Supporting Ballot Measure 4 (See Schedule F4)	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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 F4: Sch: 1/1 Rpt: 5/5	2 FILER NAME Chispa TX, a program of the League of Conservation		3 Filer ID (Ethics Commission Filers) 00090611
4 CREDIT CARD ISSUER	Name of financial institution Ramp		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$94.74	(b) Date of Charge 11/18/2025	(c) Date(s) Credit Card Issuer Paid 12/01/2025
7 PAYEE	(a) Payee name Meta		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social Media Advertising to Support Ballot Measure 4
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT <input checked="" type="checkbox"/> Expenditure from corporate funds	(a) Amount Charged \$900.00	(b) Date of Charge 11/04/2025	(c) Date(s) Credit Card Issuer Paid 12/01/2025
PAYEE	(a) Payee name Meta		(b) Payee address; City, State, Zip Code 1 Meta Way Menlo Park, CA 94025
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Social Media Advertising to Support Ballot Measure 4
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held