

**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) 00070169 | 2 Total pages filed: 4 | |
| 3 FILER NAME | MS / MRS / MR | | | FIRST | MI | |
| | NICKNAME | | | LAST | SUFFIX | |
| 4 FILER ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | | | |
| | c/o Tim Lambert P.O. Box 6747 Lubbock, TX 79493 | | | | | |
| 5 FILER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | (806) 744-4441 | | | | | |
| 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 | Month | Day | |
| | 10/26/2025 | | | THROUGH 12/31/2025 | | |
| 8 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other |
| | 11/04/2025 | | | <input type="checkbox"/> General | <input checked="" 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 Mrs. Wamsganss Leigh 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.) | | | | | | |

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

| | | |
|---------------------------------|--|-------------|
| 10 FILER NAME | Texas Home School Coalition Association | |
| 11 Filer ID | (Ethics Commission Filers) 00070169 | |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 1,018.17 |

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 Texas Home School Coalition Association | 15 Filer ID (Ethics Commission Filers) 00070169 |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES | \$ 1,018.17 |
| 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 Texas Home School Coalition Association | 3 Filer ID (Ethics Commission Filers) 00070169 | |
| 4 Date 11/03/2025 | 5 Payee name Peerly, Inc | | |
| 6 Amount (\$) \$1,018.17 | 7 Payee address; City; State; Zip Code 2232 Dell Range Road, Suite 287 Raleigh, NC 27617 | | |
| 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. Texting | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |