

**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) 00090679	2 Total pages filed: 4
3 FILER NAME	MS / MRS / MR FIRST MI			OFFICE USE ONLY
	NICKNAME LAST SUFFIX Texas Freedom Alliance			Date Received ELECTRONICALLY FILED 01/23/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	919 Congress Ave Suite 1350 Austin, TX 78701			Receipt # Amount
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION			Date Processed
	(508) 423-3328			Date Imaged
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election		
7 PERIOD COVERED	Month Day Year 01/01/2026	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 Leigh Wambsganss 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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10 FILER NAME	Texas Freedom Alliance	
11 Filer ID	(Ethics Commission Filers) 00090679	
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 432.58

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
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14 FILER NAME Texas Freedom Alliance	15 Filer ID (Ethics Commission Filers) 00090679
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 432.58
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)

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1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/4	2 FILER NAME Texas Freedom Alliance	3 Filer ID (Ethics Commission Filers) 00090679	
4 Date 01/20/2026	5 Payee name GDC3 Consulting LLC		
6 Amount (\$) \$432.58	7 Payee address; City; 919 Congress Ave Suite 1350 Austin, TX 78701		
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 Wambsganss, Leigh	Office sought State Senator District 9	Office held None