

**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) 00090717	2 Total pages filed: 6
3 FILER NAME	MS / MRS / MR FIRST MI			<b>OFFICE USE ONLY</b>
	NICKNAME LAST SUFFIX Protecting Texas Children			Date Received  ELECTRONICALLY FILED 02/02/2026
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand-delivered or Date Postmarked
	1029 State Highway 6 N STE 650 #211 Houston, TX 77079			Receipt #   Amount
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed
6 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	Date Imaged	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election		
		<input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year 01/01/2026	THROUGH		Month Day Year 01/22/2026
8 ELECTION	ELECTION DATE Month Day Year 03/03/2026	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input 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    John Browning    State Representative  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**

<b>10</b> FILER NAME Protecting Texas Children	<b>11</b> Filer ID (Ethics Commission Filers) 00090717
<b>12</b> EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES  2. <b>TOTAL POLITICAL EXPENDITURES</b>
	\$ 0.00  \$ 150,000.00

**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.

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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.

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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**

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<b>10 FILER NAME</b> Protecting Texas Children		<b>11 Filer ID</b> (Ethics Commission Filers) 00090717
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Kathaleen Wall State Representative  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)	
<b>12 COMMITTEE ACTIVITY</b>  (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 Stan Kitzman State Representative
	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)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported Dennis Geesaman State Representative  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**  
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<b>14</b> FILER NAME Protecting Texas Children	<b>15</b> Filer ID (Ethics Commission Filers) 00090717
<b>16</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 150,000.00
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: 1/2 Rpt: 5/6	2 FILER NAME Protecting Texas Children	3 Filer ID (Ethics Commission Filers) 00090717
4 Date 01/21/2026	5 Payee name Political Communications Advertising	
6 Amount (\$) \$25,000.00	7 Payee address; City; State; Zip Code 11 E. 44th St. RM 301 New York, NY 10017	
<input type="checkbox"/> Expenditure from corporate funds	(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.  HD-88 Streaming ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Browning, John	Office sought State Representative District 88
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 11 E. 44th St. RM 301 New York, NY 10017	
<input type="checkbox"/> Expenditure from corporate funds	(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.  HD-88 TV ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Browning, John	Office sought State Representative District 88
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$25,000.00	Payee address; City; State; Zip Code 11 E. 44th St. RM 301 New York, NY 10017	
<input type="checkbox"/> Expenditure from corporate funds	(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.  HD-13 Streaming ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wall, Kathaleen	Office sought State Representative District 13

# 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: 2/2 Rpt: 6/6	2 FILER NAME Protecting Texas Children	3 Filer ID (Ethics Commission Filers) 00090717
4 Date 01/21/2026	5 Payee name Political Communications Advertising	
6 Amount (\$) \$25,000.00	7 Payee address; City; State; Zip Code 11 E. 44th St. RM 301 New York, NY 10017	
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. HD-13 TV ads
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wall, Kathaleen	Office sought State Representative District 13
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$50,000.00	Payee address; City; State; Zip Code 11 E. 44th St. RM 301 New York, NY 10017	
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. HD-85 Streaming ads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Geesaman, Dennis	Office sought State Representative District 85