

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		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Protecting Texas Children				
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1029 State Highway 6 N STE 650 #211 Houston, TX 77079				
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (281) 768-1521				
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 01/01/2026 THROUGH 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

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

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

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10 FILER NAME Protecting Texas Children		11 Filer ID (Ethics Commission Filers) 00090717
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 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)	
	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)
B. Opposed Stan Kitman 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)		
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)
	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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14 FILER NAME Protecting Texas Children		15 Filer ID (Ethics Commission Filers) 00090717	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
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
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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 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 <input type="checkbox"/> Expenditure from corporate funds	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-88 Streaming ads
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Browning, John	Office sought State Representative District 88 Office held
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	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-88 TV ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Browning, John	Office sought State Representative District 88 Office held
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	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-13 Streaming ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Wall, Kathaleen	Office sought State Representative District 13 Office held

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

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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 <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Wall, Kathaleen	Office sought State Representative District 13 Office held
Date 01/21/2026	Payee name Political Communications Advertising	
Amount (\$) \$50,000.00 <input type="checkbox"/> Expenditure from corporate funds	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Geesaman, Dennis	Office sought State Representative District 85 Office held