

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME Citizens for Integrity and Accountability Foundation		11 Filer ID (Ethics Commission Filers) 00090354
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 106,367.50

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 Citizens for Integrity and Accountability Foundation		15 Filer ID (Ethics Commission Filers) 00090354
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 106,367.50
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 -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 4/5	2 FILER NAME Citizens for Integrity and Accountability Foundation	3 Filer ID (Ethics Commission Filers) 00090354
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4 Date 01/30/2026	5 Payee name American Made Media Consultants LLLC
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6 Amount (\$) \$101,367.50	7 Payee address; City; State; Zip Code 4040 Fairfax Dr Ste 500 Arlington, VA 22203
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Expenditure from corporate funds

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. TV, Digital, Mail
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LaHood, Marc (Rep.)	Office sought State Representative District 121	Office held State Representative District
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Date 02/06/2026	Payee name American Made Media Consultants LLLC
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 4040 Fairfax Dr Ste 500 Arlington, VA 22203
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Expenditure from corporate funds

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. Digital Advertising
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Dorazio, Mark (Rep.)	Office sought State Representative District 122	Office held State Representative District
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TEXT ANNOTATION

Sch: 1/1 Rpt: 5/5

FILER NAME

Citizens for Integrity and Accountability Foundation

Filer ID (Ethics Commission Filers)

00090354

Schedule

F1

Information entered by filer as a memo:

This expenditure was reported as an unpaid obligation on the January Semi-Annual Report