

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00090680	<b>2 Total pages filed:</b> 5				
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b> <hr/> Date Received <b>ELECTRONICALLY FILED</b> 02/23/2026 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #                      Amount <hr/> Date Processed <hr/> Date Imaged			
	NICKNAME	LAST	SUFFIX				
Freedom Caucus Fund							
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	PO Box 96006  Washington, DC 20090						
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
(706) 534-7780 x203							
<b>6 REPORT TYPE</b>	<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	<input type="checkbox"/> Runoff				
<b>7 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
		01/01/2026				02/21/2026	
<b>8 ELECTION</b>	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		03/03/2026		<input type="checkbox"/> General	<input type="checkbox"/> Special		
<b>9 FILER 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    Chip Roy Attorney General				
			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.)						

**GO TO PAGE 2**

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Freedom Caucus Fund		<b>11 Filer ID</b> (Ethics Commission Filers) 00090680
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 315,348.56
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 727,353.41

**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

<b>14 FILER NAME</b> Freedom Caucus Fund		<b>15 Filer ID</b> (Ethics Commission Filers) 00090680
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 727,353.41
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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 4/5	<b>2</b> FILER NAME Freedom Caucus Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00090680
<b>4</b> Date 01/23/2026	<b>5</b> Payee name PBK Communications LLC	
<b>6</b> Amount (\$) \$239,933.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2456 Kirk Ln NW  Kennesaw, GA 30152	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Media Buy
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
Date 02/03/2026	Payee name PBK Communications LLC	
Amount (\$) \$102,196.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2456 Kirk Ln NW  Kennesaw, GA 30152	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Media Buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
Date 02/04/2026	Payee name PBK Communications LLC	
Amount (\$) \$5,008.99  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2456 Kirk Ln NW  Kennesaw, GA 30152	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General

# 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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 5/5	<b>2</b> FILER NAME Freedom Caucus Fund	<b>3</b> Filer ID (Ethics Commission Filers) 00090680
<b>4</b> Date 02/20/2026	<b>5</b> Payee name PBK Communications LLC	
<b>6</b> Amount (\$) \$64,866.66	<b>7</b> Payee address; City; State; Zip Code 2456 Kirk Ln NW  Kennesaw, GA 30152	
<input type="checkbox"/> Expenditure from corporate funds		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Media Buy
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
		Office held