

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) 00090668	2 Total pages filed: 10	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 02/23/2026 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged
		SUFFIX	
NICKNAME			LAST	
First Amendment Alliance				
4 FILER ADDRESS				
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
901 N WASHINGTON ST STE 700				
ALEXANDRIA, VA 22314				
5 FILER PHONE				
AREA CODE PHONE NUMBER EXTENSION				
(703) 299-8571				
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		
<input type="checkbox"/> Runoff				
7 PERIOD COVERED				
Month Day Year		Month Day Year		
01/23/2026		THROUGH 02/21/2026		
8 ELECTION				
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		
9 FILER ACTIVITY				
(Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>		A. Supported MARK DORAZIO State Representative	
			B. Opposed	
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>		A. Supported	
			B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>			

GO TO PAGE 2

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME First Amendment Alliance Educational Fund (501C4)		11 Filer ID (Ethics Commission Filers) 00090668
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 172,419.93

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

Page 3 of 10

10 FILER NAME First Amendment Alliance Educational Fund (501C4)		11 Filer ID (Ethics Commission Filers) 00090668
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
		B. Opposed NG WILLIE 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)	A. Supported MATT THORSEN 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)	A. Supported
		B. Opposed JEFF LEACH 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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME First Amendment Alliance Educational Fund (501C4)	11 Filer ID (Ethics Commission Filers) 00090668
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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 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)	

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
		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)	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
5 of 10

14 FILER NAME First Amendment Alliance Educational Fund (501C4)		15 Filer ID (Ethics Commission Filers) 00090668
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 172,419.93
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: 1/5 Rpt: 6/10	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 01/23/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$14,278.41	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF WILLIE NG (CHALLENGER)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DORAZIO, MARK	Office sought State Representative District 122
		Office held State Representative District
Date 01/23/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67
		Office held
Date 02/02/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67
		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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/5 Rpt: 7/10	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/02/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$14,278.41	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF WILLIE NG (CHALLENGER)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: DORAZIO, MARK Office sought: State Representative District 122 Office held: State Representative District	
Date 02/02/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: THORSEN, MATT Office sought: State Representative District 67 Office held:	
Date 02/09/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: THORSEN, MATT Office sought: State Representative District 67 Office held:	

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: 3/5 Rpt: 8/10	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/09/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$11,399.75	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW RD PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67
Date 02/18/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67
Date 02/18/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67

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: 4/5 Rpt: 9/10	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/18/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$11,399.75	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67
Date 02/18/2026	Payee name THE YATES COMPANY	
Amount (\$) \$17,087.20	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF STAN KITZMAN (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GEESAMAN, DENNIS	Office sought State Representative District 85
Date 02/18/2026	Payee name THE YATES COMPANY	
Amount (\$) \$13,778.41	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
<input checked="" type="checkbox"/> 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. DIRECT MAIL - INCLUDES OPPOSE OF WILLIE NG (CHALLENGER)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DORAZIO, MARK	Office sought State Representative District 122
		Office held State Representative District

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: 5/5 Rpt: 10/10	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
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4 Date 02/18/2026	5 Payee name THE YATES COMPANY
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6 Amount (\$) \$10,899.75 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581
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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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67	Office held
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Date 02/18/2026	Payee name THE YATES COMPANY
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Amount (\$) \$10,899.75 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581
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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. DIRECT MAIL - INCLUDES OPPOSE OF JEFF LEACH (INCUMBENT)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name THORSEN, MATT	Office sought State Representative District 67	Office held
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