

# 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) 00090782	<b>2 Total pages filed:</b> 7				
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 02/23/2026  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged			
	NICKNAME		SUFFIX				
Builders Bloc, Inc							
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
4347 W. Northwest Hwy Ste 130 #160							
Dallas, TX 75220							
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
(512) 348-6680							
<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
		02/19/2026			02/20/2026		
<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.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)		A. Supported    Trent Ashby State Senator				
			B. Opposed				
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported				
			B. Opposed				
	<b>3. Officeholders</b> 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 FILER NAME</b> Builders Bloc, Inc		<b>11 Filer ID</b> (Ethics Commission Filers) 00090782
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 70,608.16

**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 7

<b>10 FILER NAME</b> Builders Bloc, Inc		<b>11 Filer ID</b> (Ethics Commission Filers) 00090782
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Angelia Orr State Representative
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Elizabeth Campos State Representative
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (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.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Chris Turner State Representative
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
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<b>14 FILER NAME</b> Builders Bloc, Inc		<b>15 Filer ID</b> (Ethics Commission Filers) 00090782
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 70,608.16
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: 1/3 Rpt: 5/7	<b>2</b> FILER NAME Builders Bloc, Inc	<b>3</b> Filer ID (Ethics Commission Filers) 00090782
<b>4</b> Date 02/19/2026	<b>5</b> Payee name Franklin Creative Group	
<b>6</b> Amount (\$) \$20,705.20  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
<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.  Direct Mail Production/Processing/Postage
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ashby, Trent	Office sought State Senator District 3
		Office held State Representative District 9
Date 02/19/2026	Payee name Franklin Creative Group	
Amount (\$) \$5,483.93  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
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 Production/Processing/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Orr, Angelia	Office sought State Representative District 13
		Office held State Representative District 13
Date 02/19/2026	Payee name Franklin Creative Group	
Amount (\$) \$6,017.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
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 Production/Processing/Postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Elizabeth	Office sought State Rep. District 119
		Office held State Rep. District 119

# 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: 2/3 Rpt: 6/7	<b>2</b> FILER NAME Builders Bloc, Inc	<b>3</b> Filer ID (Ethics Commission Filers) 00090782
<b>4</b> Date 02/19/2026	<b>5</b> Payee name Franklin Creative Group	
<b>6</b> Amount (\$) \$6,592.67  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
<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.  Direct Mail Production/Processing/Postage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: Turner, Chris Office sought: State Rep. District 101 Office held: State Rep. District 101	
Date 02/20/2026	Payee name Franklin Creative Group	
Amount (\$) \$16,645.55  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
<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.  Direct Mail Production/Processing/Postage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: Ashby, Trent Office sought: State Senator District 3 Office held: State Representative District 9	
Date 02/20/2026	Payee name Franklin Creative Group	
Amount (\$) \$4,477.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108	
<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.  Direct Mail Production/Processing/Postage
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: Orr, Angelia Office sought: State Representative District 13 Office held: 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 -	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: 3/3 Rpt: 7/7	<b>2</b> FILER NAME Builders Bloc, Inc	<b>3</b> Filer ID (Ethics Commission Filers) 00090782
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<b>4</b> Date 02/20/2026	<b>5</b> Payee name Franklin Creative Group
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<b>6</b> Amount (\$) \$5,110.90  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108
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<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.  Direct Mail Production/Processing/Postage
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Campos, Elizabeth	Office sought State Rep. District 119	Office held State Rep. District 119
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Date 02/20/2026	Payee name Franklin Creative Group
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Amount (\$) \$5,574.62  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E Castle Pines Pkwy Suite B-4 Box 333 Castle Pines, CO 80108
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<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.  Direct Mail Production/Processing/Postage
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Turner, Chris	Office sought State Rep. District 101	Office held State Rep. District 101
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