

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

| | | |
|--|---|---|
| 10 FILER NAME Texans for Fiscal Responsibility | | 11 Filer ID (Ethics Commission Filers) 00066932 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 59,487.60 |

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

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|---|---|---|
| 10 FILER NAME Texans for Fiscal Responsibility | | 11 Filer ID (Ethics Commission Filers) 00066932 |
| 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 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) | |
| | 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) | |
| 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 Ken King 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 Texans for Fiscal Responsibility | | 11 Filer ID (Ethics Commission Filers) 00066932 |
| 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 Cecil Bell 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) | |
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SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
5 of 7

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| 14 FILER NAME Texans for Fiscal Responsibility | | 15 Filer ID (Ethics Commission Filers) 00066932 |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES | \$ 59,487.60 |
| 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: 6/7 | 2 FILER NAME Texans for Fiscal Responsibility | 3 Filer ID (Ethics Commission Filers) 00066932 |
| 4 Date 02/20/2026 | 5 Payee name Peerly Inc. | |
| 6 Amount (\$) \$900.72 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 400 N Pine Island Road Suite 300 Plantation, FL 33324 | |
| 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. Text messages opposing Stan Kitzman |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/01/2026 | Payee name Peerly Inc. | |
| Amount (\$) \$640.85 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 400 N Pine Island Road Suite 300 Plantation, FL 33324 | |
| 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. Text messages opposing Cecil Bell |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/03/2026 | Payee name Political Communications Advertising | |
| Amount (\$) \$30,882.35 <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. Cable TV and Digital ads opposing Ken King and supporting John Browning |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Browning, John | Office sought Office held State Representative District 88 |

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: 2/2 Rpt: 7/7 | 2 FILER NAME Texans for Fiscal Responsibility | 3 Filer ID (Ethics Commission Filers) 00066932 |
| 4 Date 02/12/2026 | 5 Payee name Political Communications Advertising | |
| 6 Amount (\$) \$969.00 <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. Cable TV ads opposing Ken King and supporting John Browning |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Browning, John | Office sought State Representative District 88 |
| Date 02/17/2026 | Payee name Political Communications Advertising | |
| Amount (\$) \$15,000.00 <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. Digital Ads opposing Ken King and supporting John Browning |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Browning, John | Office sought State Representative District 88 |
| Date 02/20/2026 | Payee name PrintPlace | |
| Amount (\$) \$11,094.68 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 1130 Ave H East Arlington, TX 76011 | |
| 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. Mail supporting Mike Olcott |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Olcott, Mike | Office sought State Representative District 60 |