

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) 00090717	2 Total pages filed: 6	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
		SUFFIX	
NICKNAME		LAST		
Protecting Texas Children				
4 FILER ADDRESS				
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
1029 State Highway 6 N				
STE 650 #211				
Houston, TX 77079				
5 FILER PHONE				
AREA CODE PHONE NUMBER EXTENSION				
(281) 768-1521				
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		THROUGH		
01/23/2026		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	1. Candidates	A. Supported		
	(Identify by name or, if applicable, classify by party.)			
	2. Measures	(Describe by date and location of election and nature of issue.)	B. Opposed Stan Kitzman State Representative	
		A. Supported		
3. Officeholders Assisted		B. Opposed		
(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

10 FILER NAME Protecting Texas Children		11 Filer ID (Ethics Commission Filers) 00090717
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 2,221.65

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 6

10 FILER NAME Protecting Texas Children		11 Filer ID (Ethics Commission Filers) 00090717
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)	
	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported B. Opposed Angelia Orr 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 Brad Tegeler Washington County Judge
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
4 of 6

14 FILER NAME Protecting Texas Children		15 Filer ID (Ethics Commission Filers) 00090717
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 2,221.65
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: 5/6	2 FILER NAME Protecting Texas Children	3 Filer ID (Ethics Commission Filers) 00090717
4 Date 02/09/2026	5 Payee name Peerly Inc.	
6 Amount (\$) \$759.89 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 N Pine Island Road STE 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. Texting in HD 85 opposing Stan Kitzman
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Peerly Inc.	
Amount (\$) \$485.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 N Pine Island Road STE 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. Texting in HD 88 opposing Ken King
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/09/2026	Payee name Peerly Inc.	
Amount (\$) \$619.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 N Pine Island Road STE 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. Texting in HD 13 opposing Angelia Orr
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought 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: 2/2 Rpt: 6/6	2 FILER NAME Protecting Texas Children	3 Filer ID (Ethics Commission Filers) 00090717
--	--	--

4 Date 02/09/2026	5 Payee name Peerly Inc.
-----------------------------	------------------------------------

6 Amount (\$) \$184.03 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 400 N Pine Island Road STE 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. Texting in Washington County opposing Brad Tegeler
---------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

Date 02/09/2026	Payee name Peerly Inc.
--------------------	---------------------------

Amount (\$) \$173.58 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 400 N Pine Island Road STE 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. Texting in Washington County opposing Brad Tegeler
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

--	--	--	--