

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	\$ 205,024.10

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 12

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 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)	
	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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 4 of 12

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 KRISTEN PLAISANCE 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 CECIL BELL Jr. 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 ANGIE CHEN BUTTON 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 12

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	\$ 205,024.10
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: 1/7 Rpt: 6/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
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4 Date 02/25/2026	5 Payee name GLASS HOUSE STRATEGY
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6 Amount (\$) \$2,437.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3948 LEGACY DR #106 PMB 337 PLANO, TX 75023
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. VIDEO PRODUCTION - OPPOSE OF JEFF LEACH (INCUMBENT - HD 67)
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/25/2026	Payee name GLASS HOUSE STRATEGY
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Amount (\$) \$2,437.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3948 LEGACY DR #106 PMB 337 PLANO, TX 75023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. VIDEO PRODUCTION - OPPOSE OF STAN KITZMAN (INCUMBENT - HD 85)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/25/2026	Payee name GLASS HOUSE STRATEGY
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Amount (\$) \$2,437.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3948 LEGACY DR #106 PMB 337 PLANO, TX 75023
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. VIDEO PRODUCTION - OPPOSE OF ANGIE CHEN BUTTON (INCUMBENT - HD 112)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/7 Rpt: 7/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/25/2026	5 Payee name GLASS HOUSE STRATEGY	
6 Amount (\$) \$2,437.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 3948 LEGACY DR #106 PMB 337 PLANO, TX 75023	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. VIDEO PRODUCTION - OPPOSE OF CECIL BELL JR. (INCUMBENT - HD 3)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2026	Payee name RACONTEUR MEDIA COMPANY	
Amount (\$) \$170.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 26511 AUSTIN, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. TEXT MESSAGING SERVICES - OPPOSE OF ANGIE CHEN BUTTON (INCUMBENT - HD 112)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2026	Payee name RACONTEUR MEDIA COMPANY	
Amount (\$) \$225.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 26511 AUSTIN, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. TEXT MESSAGING SERVICES - OPPOSE OF CECIL BELL JR. (INCUMBENT - HD 3)
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
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: 3/7 Rpt: 8/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/25/2026	5 Payee name RACONTEUR MEDIA COMPANY	
6 Amount (\$) \$289.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO BOX 26511 AUSTIN, TX 78755	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. TEXT MESSAGING SERVICES - OPPOSE OF STAN KITZMAN (INCUMBENT - HD 85)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/25/2026	Payee name RACONTEUR MEDIA COMPANY	
Amount (\$) \$157.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code PO BOX 26511 AUSTIN, TX 78755	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. TEXT MESSAGING SERVICES - OPPOSE OF JEFF LEACH (INCUMBENT - HD 67)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$17,087.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF STAN KITZMAN (INCUMBENT)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name GEESAMAN, DENNIS	Office sought Office held State Representative District 85

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: 4/7 Rpt: 9/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/24/2026	5 Payee name THE YATES COMPANY	
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	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$17,087.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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: 5/7 Rpt: 10/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/24/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$15,059.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF CECIL BELL JR. (INCUMBENT)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PLAISANCE, KRISTEN	Office sought Office held State Representative District 3
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$15,059.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF CECIL BELL JR. (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PLAISANCE, KRISTEN	Office sought Office held State Representative District 3
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$11,399.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 Office held 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: 6/7 Rpt: 11/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/24/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$17,087.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF STAN KITZMAN (INCUMBENT)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name GEESAMAN, DENNIS	Office sought Office held State Representative District 85
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$17,087.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 Office held State Representative District 85
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$15,059.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF CECIL BELL JR. (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PLAISANCE, KRISTEN	Office sought Office held State Representative District 3

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: 7/7 Rpt: 12/12	2 FILER NAME First Amendment Alliance Educational Fund (501C4)	3 Filer ID (Ethics Commission Filers) 00090668
4 Date 02/24/2026	5 Payee name THE YATES COMPANY	
6 Amount (\$) \$15,059.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF CECIL BELL JR. (INCUMBENT)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PLAISANCE, KRISTEN	Office sought State Representative District 3
Date 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$17,087.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(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 02/24/2026	Payee name THE YATES COMPANY	
Amount (\$) \$15,059.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2714 BRIAR VIEW DR PEARLAND, TX 77581	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIRECT MAIL - INCLUDES OPPOSE OF CECIL BELL JR. (INCUMBENT)
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name PLAISANCE, KRISTEN	Office sought State Representative District 3