

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00090680	2 Total pages filed: 6	OFFICE USE ONLY	
3 FILER NAME Freedom Caucus Fund	Date Received ELECTRONICALLY FILED 04/01/2026		Date Hand-delivered or Date Postmarked
	Date Hand-delivered or Date Postmarked		Receipt # Amount
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	Date Processed
	<input type="checkbox"/> July 15	<input type="checkbox"/> 10th day after campaign treasurer resignation	Date Imaged
<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Dissolution report		
<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Other (specify) _____		
5 ORIGINAL PERIOD COVERED	Month Day Year 01/01/2026	THROUGH	Month Day Year 02/21/2026

6 EXPLANATION OF CORRECTION
We are amending our previously filed report to apply credits for unused paid advertising airtime.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Campaign Treasurer

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

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) 00090680	2 Total pages filed: 6				
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/01/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged			
	NICKNAME		SUFFIX				
		Freedom Caucus Fund					
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	PO Box 96006 Washington, DC 20090						
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(706) 534-7780 x203					
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	Month	Day	Year
		01/01/2026				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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported Chip Roy Attorney General				
			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.)						
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**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME Freedom Caucus Fund		11 Filer ID (Ethics Commission Filers) 00090680
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 315,348.56
	2. TOTAL POLITICAL EXPENDITURES	\$ 669,208.62

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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Freedom Caucus Fund		15 Filer ID (Ethics Commission Filers) 00090680
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 669,208.62
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 Freedom Caucus Fund	3 Filer ID (Ethics Commission Filers) 00090680
4 Date 01/23/2026	5 Payee name PBK Communications LLC	
6 Amount (\$) \$239,933.20 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2456 Kirk Ln NW Kennesaw, GA 30152	
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. Media Buy
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
Date 02/03/2026	Payee name PBK Communications LLC	
Amount (\$) \$102,196.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2456 Kirk Ln NW Kennesaw, GA 30152	
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. Media Buy
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
Date 02/04/2026	Payee name PBK Communications LLC	
Amount (\$) \$5,008.99 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2456 Kirk Ln NW Kennesaw, GA 30152	
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 Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General

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 Freedom Caucus Fund	3 Filer ID (Ethics Commission Filers) 00090680
4 Date 02/20/2026	5 Payee name PBK Communications LLC	
6 Amount (\$) \$6,721.87	7 Payee address; City; State; Zip Code 2456 Kirk Ln NW Kennesaw, GA 30152	
<input 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. Media Buy
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Roy, Chip	Office sought Attorney General
		Office held