FORM DCE COVER SHEET PG 1

| | Guide explains how to comp | blete this form. | 1 Filer ID (Ethics Commission F 00087678 | ilers) | 2 Total pages file 33 | |
|--|--|-----------------------|--|------------------|--|-----------------|
| 3 FILER NAME | MS / MRS / MR | FIRST | | MI | OFFICE U | SE ONLY |
| | NICKNAME | LAST Americans for | Prosperity; | SUFFIX | Date Received ELECTRONICA 02/05/2024 | LLY FILED |
| 4 FILER ADDRESS | ADDRESS / PO BOX; AP | PT / SUITE #; CIT | Y; STATE; | ZIP CODE | | |
| | 1020 LEVEE ST | | | | Date Hand-delivered or | Date Postmarked |
| Change of Address | STE 170 DALLAS, TX 75207 | | | | Receipt # | Amount |
| 5 FILER PHONE | | ONE NUMBER | EXTENSION | | - | |
| | (202) 841-0942 | | | | Date Processed | · |
| 6 REPORT TYPE | January 15 | X 30 | th day before election | | Date Imaged | |
| | July 15 | 8th | a day before election | | | |
| | | RL | noff | | | |
| 7 PERIOD | Month Day Year | r | | Month Day | Year | |
| COVERED | 01/01/2024 | TF | IROUGH | 01/25/202 | 4 | |
| 8 ELECTION | ELECTION DATE | | | ELECTION T | YPE | |
| | Month Day Year 03/05/2024 | | rimary | Runoff | Other | |
| | | G | eneral | Special | | |
| 9 FILER ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported A | EX KAMKAR Sta | te Representativ | re | |
| | applicable, classify by party. | | | | | |
| (Attach lists on plain paper to complete this report if | | B. Opposed | | | | |
| necessary.) | 2. Measures | A. Supported | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | | | | | | |
| | 3. Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| | - | : | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | GO 1 | O PAGE 2 | | | |

FORM DCE COVER SHEET PG 2

| | erity. Americans for P | rosperity dba The LIBRE Initiative | 11 Filer ID 00087678 | (Ethics Commission Filers) |
|-----------------------|--------------------------|--|--|--|
| EXPENDITURE | | IIZED POLITICAL EXPENDITURES | \$ | |
| TOTALS | | | \$ | 0 |
| | 2. TOTAL POLIT | ICAL EXPENDITURES | \$ | 157,225 |
| AFFIDAVIT | ł | | 1 | |
| | | I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. | of perjury, that the a information required | ccompanying report is to be reported by me |
| | | | nature of Filer or | |
| | | Signature of individual wit (only it | f Filer is an entity) | n denaif of entity |
| | | | | |
| AFFIX NOTARY STA | MP / SEAL ABOVE | | | |
| | | | | |
| Sworn to and subscril | bed before me, by the sa | id | , this the | day |
| of | , 20, to cer | rtify which, witness my hand and seal of office. | | |
| | | | | |
| | | | | |
| | | | | |
| Circature of officer | | Drinted name of officer administration onth | | |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |
| Signature of officer | r administering oath | Printed name of officer administering oath | Title of office | er administering oath |

| 10 FILER NAME | | | | 11 Filer ID | (Ethics Commission Filers) |
|---|--|----------------|----------------------------|--------------|----------------------------|
| Americans for Prosperi | ity; Americans for Pro | sperity dba Th | ne LIBRE Initiative | 00087678 | |
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | | HILLARY HICKLAND State Re | presentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates (identify by name or, if applicable, classify by party) | | JACEY JETTON State Repres | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates | A. Supported | JEFF LEACH State Represent | ative | |
| ACTIVITY | (identify by name or, if applicable, classify by party) | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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) | | | | |
| | Amplicable, classily by party) | 1 | | | |

FORM DCE

Page 3 of 33

| 10 FILER NAME | | | | 11 Filer ID | (Ethics Commission Filers) |
|---|--|----------------|-------------------------|---------------|----------------------------|
| Americans for Prosperit | ty; Americans for Pro | sperity dba Th | ne LIBRE Initiative | 00087678 | |
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | | JOANNE SHOFNER State R | epresentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported | MANO DEAYALA State Repr | esentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported | MARC LAHOOD State Repre | sentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | | | |

FORM DCE

Page 4 of 33

10 FILER NAME

| 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 CANDY NOBLE State Representative | 9 |
| | 3. Opposed | |
| 2. Measures (describe by date and location of election and nature of issue) | | |
| 3. Officeholders Assisted (identify by name or, if applicable, classify by party) | | |
| | www.ethics.state.tx.us | Version V3.5.1.9000c4 |
| | Assisted (identify by name or, if applicable, classify by party) 1. Candidates (identify by name or, if applicable, classify by party) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted (identify by name or, if | Assisted (identify by name or, if applicable, classify by party) A. Supported CANDY NOBLE State Representative (identify by name or, if applicable, classify by party) B. Opposed B. Opposed 2. Measures (describe by date and location of election and nature of issue) A. Supported B. Opposed B. Opposed 3. Officeholders Assisted (identify by name or, if applicable, classify by party) B. Opposed |

| Americans for Prosper | ity; Americans for Pro | spe | erity dba Th | ne LIBRE Initiative | | 00087678 | |
|---|--|-----|--------------|---------------------|---------------|-----------|--|
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | | Supported | MATT SHAHEEN | State Repres | sentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | В. | Opposed | | | | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. | Supported | | | | |
| | | В. | Opposed | | | | |
| | 3. Officeholders Assisted (identify by name or, if | | | | | | |
| | applicable, classify by party) | - | | | | | |
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | A. | Supported | PAT CURRY Sta | te Representa | tive | |
| (Attach lists on plain paper to complete this report if necessary.) | | В. | Opposed | | | | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. | Supported | | | | |
| | | В. | Opposed | | | | |
| | 3. Officeholders Assisted (identify by name or, if applicable, classify by party) | | | | | | |
| | | - | Currented | | | | |
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | А. | Supported | CANDY NOBLE | state Represe | entative | |
| (Attach lists on plain paper to complete this report if necessary.) | | В. | Opposed | | | | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. | Supported | | | | |
| | | В. | Opposed | | | | |
| | 3. Officeholders Assisted (identify by name or, if applicable, classify by party) | | | | | | |
| | application, orabinity by party) | 1 | | | | | |

(Ethics Commission Filers)

11 Filer ID

Page 5 of 33

| 10 FILER NAME | | | | 11 Filer ID | (Ethics Commission Filers) |
|---|--|----------------|--------------------------|---------------|----------------------------|
| Americans for Prosperi | ty; Americans for Pro | sperity dba Th | ne LIBRE Initiative | 00087678 | |
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | | DUSTIN BURROWS State R | epresentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported | ELLEN TROXCLAIR State Re | epresentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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 | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported | JEFF BAUKNIGHT State Rep | presentative | |
| (Attach lists on plain paper to complete this report if necessary.) | | 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) | | | | |
| | | | | | |

FORM DCE

Page 6 of 33

Officeholders

Assisted (identify by name or, if applicable, classify by party)

1. Candidates

2. Measures

(describe by date and location of election and nature of issue)

3. Officeholders Assisted (identify by name or, if applicable, classify by party)

1. Candidates

2. Measures

(describe by date and location of election and nature of issue)

(identify by name or, if applicable, classify by party)

(identify by name or, if applicable, classify by party)

3.

12 COMMITTEE

ACTIVITY

12 COMMITTEE

ACTIVITY

(Attach lists on plain

paper to complete this report if necessary.)

(Attach lists on plain

paper to complete this report if necessary.)

| 3. Officeholders Assisted | |
|---|--|
| (identify by name or, if applicable, classify by party) | |
| I | |
| | |
| | |

| 10 FILER NAME Americans for Prosperit | v [.] Americans for Pro | sperity dba The LIBRE Initiative | 11 Filer ID 000876 |
|---|--|--|-----------------------|
| 12 COMMITTEE ACTIVITY | 1. Candidates (identify by name or, if applicable, classify by party) | A. Supported CODY HARRIS State Senator | |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | |
| | 2. Measures (describe by date and location of election and nature of issue) | A. Supported | |
| | | B. Opposed | |

B. Opposed

A. Supported

B. Opposed

B. Opposed

A. Supported

B. Opposed

A. Supported JANIE LOPEZ State Representative

A. Supported JOHN LUJAN State Representative

(Ethics Commission Filers)

00087678

Page 7 of 33

FORM DCE ADDENDUM

D, 0 of 22

| ACTIVITY (id) ap | . Candidates Jentify by name or, if pplicable, classify by party) | | ne LIBRE Initiative ADAM HINOJOSA | State Senato | 11 Filer ID 00087678 r | (Ethics Commission Filers) |
|---|---|--------------|--------------------------------------|--------------|------------------------------|----------------------------|
| 12 COMMITTEE 1. ACTIVITY (id ap | . Candidates Jentify by name or, if pplicable, classify by party) | A. Supported | | State Senato | | |
| ACTIVITY (id) ap | dentify by name or, if pplicable, classify by party) | | ADAM HINOJOSA | State Senato | r | |
| (Attach lists on plain | | B. Opposed | | | | |
| (Attach lists on plain paper to complete this report if necessary.) | | | | | | |
| (de | . Measures lescribe by date and cation of election and ature of issue) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | . Officeholders Assisted | | | | | |
| (id ap | dentify by name or, if oplicable, classify by party) | | | | | |
| | | | | | | |

| SUBTOTALS - DCE | FORM DCE COVER SHEET PG 3 9 of 33 |
|---|---|
| 14 FILER NAME15 Filer IDAmericans for Prosperity; Americans for Prosperity dba The LIBRE Initiative00087678 | (Ethics Commission Filers) |
| 16 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. X SCHEDULE F1: POLITICAL EXPENDITURES | \$ 157,225.08 |
| 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 3. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment 1 Total pages Schedule F1: 2 | Fees Office Ove Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp Legal Services Salaries/W The Instruction Guide explains how to con | ayment/Reimbursement erhead/Rental Expense spense Travel in District Yages/Contract Labor OTHER (enter a category not listed above) |
|--|--|---|
| Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Con Credit Card Payment 1 Total pages Schedule F1: 2 | Event Expense Loan Repa Fees Office Ove Food/Beverage Expense Polling Ext Gift/Awards/Memorials Expense Salaries/W The Instruction Guide explains how to con FILER NAME Americans for Prosperity; Americans for Prospe | ayment/Reimbursement erhead/Rental Expense pense Xpense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Yages/Contract Labor Travel Out of District OTHER (enter a category not listed above) |
| | Americans for Prosperity; Americans for Prospe | 3 Filer ID (Ethics Commission Filers) |
| | Americans for Prosperity; Americans for Prospe | |
| · · · · · · | Pavee name | erity dba The 00087678 |
| | Americans for Prosperity | |
| \$1,162.51 | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | de |
| | Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| avenanditura ta hanafit C/OU | Candidate/Officeholder name Office sour KAMKAR, ALEX State Rep | ght Office held presentative District 29 |
| Date | Payee name | |
| 01/01/2024 | Americans for Prosperity | |
| \$2,325.01 | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | de |
| PURPOSE (a) | - | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| average diture to be partition (0) | Candidate/Officeholder name Office sour HILLARY, HICKLAND State Rep | l ght Office held presentative District 55 |
| | Payee name Americans for Prosperity | |
| \$3,487.52 | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | ide |
| | Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| averagediture to benefit C/OU | Candidate/Officeholder name Office sources Office sources CAHOOD, MARC State Rep | Ight Office held presentative District 121 |

| POLITICAL EX | PENDITURES | SCHEDULE F1 |
|--|---|--|
| Advertising Expense Accounting/Banking | | R BOX 8(a) payment/Reimbursement Solicitation/Fundraising Expense erhead/Rental Expense Transportation Equipment & Related Expense |
| Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Ex y - Gift/Awards/Memorials Expense Printing E | xpense Travel in District xpense Travel Out of District Wages/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 2/24 Rpt: 11/33 | 2 FILER NAME Americans for Prosperity; Americans for Prosp | 3Filer ID(Ethics Commission Filers)oo087678 |
| 4 Date 01/01/2024 | 5 Payee name Americans for Prosperity | I |
| 6 Amount (\$) \$1,089.38 | 7 Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 | ode |
| corporate funds B PURPOSE | Arlington, VA 22203 (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| OF EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | CANVASSING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou ^H CURRY, PAT State Re | ught Office held presentative District 56 |
| Date | Payee name | |
| 01/25/2024 | Americans for Prosperity | - d- |
| Amount (\$) \$200.00 | Payee address; City; State; Zip Cc 4201 Wilson Blvd | bae |
| + | Ste 1000 | |
| Expenditure from corporate funds | Arlington, VA 22203 | |
| PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| EXPENDITURE | Advertising Expense | Check if travel outside of Texas. Complete Schedule T. |
| | | CANVASSING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou ^H DEAYALA, MANO State Re | ught Office held presentative District 133 |
| Date | Payee name | |
| 01/01/2024 | Americans for Prosperity | |
| Amount (\$) \$1,162.51 | Payee address; City; State; Zip Co 4201 Wilson Blvd | ode |
| Expenditure from corporate funds | Ste 1000 Arlington, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| Complete ONLY if direct | Candidate/Officeholder name Office sou | - |
| expenditure to benefit C/OI | ^H JETTON, JACEY State Re | presentative District 26 |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|---|
| | EXPENDITURE CATEGORIES FOR BO | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repaymen Fees Office Overhead Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense | nt/Reinbursement Solicitation/Fundraising Expense d/Rental Expense Transportation Equipment & Related Expense e Travel in District e Travel Out of District /Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 3/24 Rpt: 12/33 | Americans for Prosperity; Americans for Prosperity | dba The 00087678 |
| 4 Date 01/01/2024 | 5 Payee name Americans for Prosperity | |
| 6 Amount (\$) \$1,162.51 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought H LEACH, JEFF State Repres | Office held sentative District 67 |
| Date | Payee name | |
| 01/01/2024 | Americans for Prosperity | |
| Amount (\$) \$1,162.51 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought H SHOFNER, JOANNE State Repres | Office held sentative District 11 |
| Date 01/01/2024 | Payee name Americans for Prosperity | |
| Amount (\$) \$1,162.51 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHAHEEN, MATT State Representative District 66 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica | Fees Office Over Food/Beverage Expense Polling Ex 9 - Gift/Awards/Memorials Expense Printing E | bayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District |
| Credit Card Payment | The Instruction Guide explains how to co | omplete this form. |
| 1 Total pages Schedule F1: Sch: 4/24 Rpt: 13/33 | 2 FILER NAME Americans for Prosperity; Americans for Prosp | 3 Filer ID (Ethics Commission Filers) perity dba The 00087678 |
| 4 Date 01/01/2024 | 5 Payee name Americans for Prosperity | · |
| 6 Amount (\$) \$2,325.01 Expenditure from corporate funds | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | ode |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sou H DEAYALA, MANO State Re | ught Office held epresentative District 133 |
| Date | Payee name | |
| 01/01/2024 | Americans for Prosperity | |
| Amount (\$) \$581.26 Expenditure from corporate funds | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | ode |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I Candidate/Officeholder name Office sou H HARRIS, CODY State Se | I Office held Office held |
| Date 01/01/2024 | Payee name Americans for Prosperity | |
| Amount (\$) \$581.26 Expenditure from corporate funds | Payee address; City; State; Zip Co 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | jde |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HINOJOSA, ADAM State Senator District 27 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|--|---|
| Advertising Expense | EXPENDITURE CATEGORIES FOR BOX 8(a) | Solicitation/Fundraising Expense |
| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense | Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 5/24 Rpt: 14/33 | 2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The | 3 Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/01/2024 | 5 Payee name Americans for Prosperity | |
| 6 Amount (\$) \$581.26 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel of CANVASSING | outside of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought H LOPEZ, JANIE State Representative Distric | Office held ct 37 |
| Date 01/01/2024 | Payee name Americans for Prosperity | |
| Amount (\$) \$581.26 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel of CANVASSING | outside of Texas. Complete Schedule T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought H LUJAN, JOHN State Representative District | Office held ct 118 |
| Date 01/01/2024 | Payee name CANVASS AMERICA | |
| Amount (\$) \$250.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, VA 20186 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel of CANVASSING | outside of Texas. Complete Schedule T. |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH NOBLE, CANDY State Representative District 89 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By - Gift/Awards/Memorials Expense cal Committee Legal Services | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 6/24 Rpt: 15/33 | | Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/01/2024 | 5 Payee name CANVASS AMERICA | |
| 6 Amount (\$) \$2,000.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, VA 20186 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside CANVASSING | le of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought OH JETTON, JACEY State Representative District 2 | Office held 26 |
| Date 01/01/2024 | Payee name CANVASS AMERICA | |
| Amount (\$) \$500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, VA 20186 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside CANVASSING | le of Texas. Complete Schedule T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought OH LEACH, JEFF State Representative District 6 | Office held |
| Date 01/01/2024 | Payee name CANVASS AMERICA | |
| Amount (\$) \$500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside CANVASSING | le of Texas. Complete Schedule T. |
| Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder name DEAYALA, MANOOffice soughtOffice heldState Representative District 133 | | |
| | | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 | |
|---|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Contract Labo | nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: Sch: 7/24 Rpt: 16/33 | The Instruction Guide explains how to complete this form 2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The | S Filer ID (Ethics Commission Filers) 00087678 | |
| 4 Date 01/01/2024 | 5 Payee name CANVASS AMERICA | | |
| 6 Amount (\$) \$2,000.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio Advertising Expense Check if CANVAS | travel outside of Texas. Complete Schedule T. | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H LAHOOD, MARC State Representative I | Office held District 121 | |
| Date 01/01/2024 | Payee name CANVASS AMERICA | | |
| Amount (\$) \$2,000.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Descriptio Advertising Expense Check if CANVAS | travel outside of Texas. Complete Schedule T. | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | I I Candidate/Officeholder name Office sought H SHAHEEN, MATT State Representative I | Office held District 66 | |
| Date 01/12/2024 | Payee name IN PURSUIT OF LLC | | |
| Amount (\$) \$7,050.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | | |
| PURPOSE OF EXPENDITURE | | n travel outside of Texas. Complete Schedule T. AD PLACEMENT | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Complete ONLY if direct expenditure to benefit C/OHCandidate/Officeholder name NOBLE, CANDYOffice sought State Representative District 89 | | |
| | | | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 |
|---|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services 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) |
| 1 Total pages Schedule F1: Sch: 8/24 Rpt: 17/33 | The Instruction Guide explains how to complete this form. 2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The | 3 Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/12/2024 | 5 Payee name IN PURSUIT OF LLC | |
| 6 Amount (\$) \$3,750.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel o DIGITAL AD F | nutside of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H BURROWS, DUSTIN State Representative Distric | Office held ct 83 |
| Date 01/12/2024 | Payee name IN PURSUIT OF LLC | |
| Amount (\$) \$5,200.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel o DIGITAL AD F | nutside of Texas. Complete Schedule T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H TROXCLAIR, ELLEN State Representative District | Office held ct 19 |
| Date 01/12/2024 | Payee name IN PURSUIT OF LLC | |
| Amount (\$) \$5,650.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel o DIGITAL AD F | outside of Texas. Complete Schedule T. |
| Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHJETTON, JACEYState Representative District 26 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|---|
| | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reinbursement Solicitati Fees Office Overhead/Rental Expense Transpo Food/Beverage Expense Polling Expense Travel ir y - Gift/Awards/Memorials Expense Printing Expense Travel or | ion/Fundraising Expense ortation Equipment & Related Expense n District Dut of District (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 9/24 Rpt: 18/33 | 2 FILER NAME 3 Filer ID Americans for Prosperity; Americans for Prosperity dba The 00087 | |
| 4 Date 01/12/2024 | 5 Payee name IN PURSUIT OF LLC | |
| 6 Amount (\$) \$5,650.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Tex. DIGITAL AD PLACEM | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | | ffice held |
| Date 01/12/2024 | Payee name IN PURSUIT OF LLC | |
| Amount (\$) \$2,500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Text DIGITAL AD PLACEM | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | | ffice held |
| Date 01/24/2024 | Payee name IN PURSUIT OF LLC | |
| Amount (\$) \$2,250.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tex. DIGITAL AD PLACEM | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30 | | |
| | | |

| POLITICAL EXI | PENDITURES SCHEDULE F1 |
|---|---|
| | EXPENDITURE CATEGORIES FOR BOX 8(a) |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel in District GitfuAwards/Memorials Expense Printing Expense Travel Out of District |
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 10/24 Rpt: 19/33 | Americans for Prosperity; Americans for Prosperity dba The 00087678 |
| 4 Date 01/24/2024 | 5 Payee name IN PURSUIT OF LLC |
| 6 Amount (\$) \$3,000.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | DIGITAL AD PLACEMENT |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder nameOffice soughtOffice heldICURRY, PATState Representative District 56 |
| Date | Payee name |
| 01/23/2024 | IN PURSUIT OF LLC |
| Amount (\$) \$4,700.00 | Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 |
| corporate funds | ARLINGTON, VA 22203 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. |
| | DIGITAL AD PLACEMENT |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held KAMKAR, ALEX State Representative District 29 |
| | |
| Date 01/20/2024 | Payee name KAP STRATEGIES |
| Amount (\$) \$2,400.00 | Payee address; City; State; Zip Code 220 QUINN DR |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Advertising Expense Check if travel outside of Texas. Complete Schedule T. |
| | DOORHANGER PRINTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held Image: NOBLE, CANDY State Representative District 89 |
| | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 |
|--|--|---|
| Advertising Expense | EXPENDITURE CATEGORIES FOR BOX 8(Event Expense Loan Repayment/Rein | bursement Solicitation/Fundraising Expense |
| Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Travel in District Travel Out of District act Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| Sch: 11/24 Rpt: 20/33 | Americans for Prosperity; Americans for Prosperity dba | The 00087678 |
| 4 Date 01/20/2024 | 5 Payee name KAP STRATEGIES | |
| 6 Amount (\$) \$2,840.00 | 7 Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| 8 PURPOSE OF EXPENDITURE | | heck if travel outside of Texas. Complete Schedule T. |
| | DOC | ORHANGER PRINTING AND PRODUCTION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H JETTON, JACEY State Representa | Office held tive District 26 |
| Date 01/20/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$2,400.00 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Desc Advertising Expense □ C | cription heck if travel outside of Texas. Complete Schedule T. |
| | DOG | ORHANGER PRINTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H LEACH, JEFF State Representa | Office held tive District 67 |
| Date 01/20/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$2,840.00 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Desc Advertising Expense \Box C | cription heck if travel outside of Texas. Complete Schedule T. |
| | DOG | ORHANGER PRINTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H DEAYALA, MANO State Representa | Office held tive District 133 |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 12/24 Rpt: 21/33 | 2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The | 3 Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/20/2024 | 5 Payee name KAP STRATEGIES | |
| 6 Amount (\$) \$2,400.00 | 7 Payee address; City; State; Zip Code 220 QUINN DR | |
| Corporate funds OF EXPENDITURE | | utside of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought ^H SHAHEEN, MATT State Representative Distric | Office held ct 66 |
| Date 01/24/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$2,142.29 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Corporate funds PURPOSE OF EXPENDITURE | | NUTSIG AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | I I Candidate/Officeholder name Office sought H NOBLE, CANDY State Representative Distribution | Office held ct 89 |
| Date 01/24/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$3,315.94 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | | NTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H BURROWS, DUSTIN State Representative Distriction | Office held ct 83 |
| | | |

| POLITICAL EX | PENDITURES | SCHEDULE F1 | |
|---|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhe Food/Beverage Expense Polling Expen Gift/Awards/Memorials Expense Printing Expe | Number Solicitation/Fundraising Expense ad/Rental Expense Transportation Equipment & Related Expense se Travel in District nse Travel Out of District es/Contract Labor OTHER (enter a category not listed above) | |
| 1 Total pages Schedule F1: Sch: 13/24 Rpt: 22/33 | 2 FILER NAME Americans for Prosperity; Americans for Prosperi | 3 Filer ID (Ethics Commission Filers) ty dba The 00087678 | |
| 4 Date 01/24/2024 | 5 Payee name KAP STRATEGIES | · | |
| 6 Amount (\$) \$3,957.94 | 7 Payee address; City; State; Zip Code 220 QUINN DR | | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense |) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough TROXCLAIR, ELLEN State Repre | t Office held esentative District 19 | |
| Date 01/24/2024 | Payee name KAP STRATEGIES | | |
| Amount (\$) \$1,813.41 | Payee address; City; State; Zip Code 220 QUINN DR | | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense |) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sough JETTON, JACEY State Repre | t Office held esentative District 26 | |
| Date 01/24/2024 | Payee name KAP STRATEGIES | | |
| Amount (\$) \$1,713.88 | Payee address; City; State; Zip Code 220 QUINN DR | | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b Advertising Expense |) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67 | | |
| | | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Over Food/Beverage Expense Polling Exp y - Gift/Awards/Memorials Expense Printing Exp | Ayment/Reinbursement Solicitation/Fundraising Expense rhead/Rental Expense Transportation Equipment & Related Expense pense Travel in District rayels/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 14/24 Rpt: 23/33 | 2 FILER NAME Americans for Prosperity; Americans for Prospe | erity dba The 3 Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/24/2024 | 5 Payee name KAP STRATEGIES | |
| 6 Amount (\$) \$2,077.23 | 7 Payee address; City; State; Zip Coo 220 QUINN DR | Je |
| Corporate funds 8 PURPOSE OF EXPENDITURE | DRIPPIJNG SPRINGS, TX 78620 (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office soug ^H DEAYALA, MANO State Rep | ght Office held presentative District 133 |
| Date 01/24/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$1,775.74 | Payee address; City; State; Zip Coc 220 QUINN DR | Je |
| corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office soug H SHAHEEN, MATT State Rep | ght Office held presentative District 66 |
| Date 01/25/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$2,142.29 | Payee address; City; State; Zip Coc 220 QUINN DR | de |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH NOBLE, CANDY State Representative District 89 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|---|---|
| | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Trans Food/Beverage Expense Polling Expense Trave y - Gift/Awards/Memorials Expense Printing Expense Trave | tation/Fundraising Expense portation Equipment & Related Expense I in District I Out of District ER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 15/24 Rpt: 24/33 | | ID (Ethics Commission Filers) 87678 |
| 4 Date 01/25/2024 | 5 Payee name KAP STRATEGIES | |
| 6 Amount (\$) \$3,315.94 | 7 Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of T MAILER PRINTING A | exas. Complete Schedule T. |
| • Operation ONUN if disease | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | ······································ | Office held |
| Date 01/25/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$3,957.94 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of T MAILER PRINTING | exas. Complete Schedule T. |
| Complete ONLY if direct | | Office held |
| expenditure to benefit C/OF | | |
| Date 01/25/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$1,813.41 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Trave | exas. Complete Schedule T. |
| | MAILER PRINTING / | AND PRODUCTION |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | embursement Solicitation/Fundraising Expense ental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ntract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 16/24 Rpt: 25/33 | · · · | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2024 | 5 Payee name KAP STRATEGIES | |
| 6 Amount (\$) \$1,713.88 | 7 Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds 8 PURPOSE | DRIPPIJNG SPRINGS, TX 78620 | escription |
| OF EXPENDITURE | Advertising Expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought H LEACH, JEFF State Represen | Office held ntative District 67 |
| Date 01/25/2024 | Payee name KAP STRATEGIES | |
| Amount (\$) \$1,775.74 | Payee address; City; State; Zip Code 220 QUINN DR | |
| Expenditure from corporate funds | DRIPPIJNG SPRINGS, TX 78620 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | escription Check if travel outside of Texas. Complete Schedule T. AILER PRINTING AND PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H SHAHEEN, MATT State Represen | Office held htative District 66 |
| Date 01/12/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | escription Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY expenditure to benefit C/OHCandidate/Officeholder nameOffice soughtOffice heldNOBLE, CANDYState Representative District 89 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 17/24 Rpt: 26/33 | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/12/2024 | 5 Payee name TARGETED VICTORY LLC | • |
| 6 Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| 8 PURPOSE OF EXPENDITURE | | n ravel outside of Texas. Complete Schedule T. AD PRODUCTION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought H BURROWS, DUSTIN State Representative D | Office held District 83 |
| Date 01/12/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | | n ravel outside of Texas. Complete Schedule T. AD PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought H TROXCLAIR, ELLEN State Representative D | Office held District 19 |
| Date 01/12/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | | n ravel outside of Texas. Complete Schedule T. AD PRODUCTION |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|---|
| | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gitt/Awards/Memorials Expense | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 18/24 Rpt: 27/33 | | Filer ID (Ethics Commission Filers) 00087678 |
| 4 Date 01/12/2024 | 5 Payee name TARGETED VICTORY LLC | |
| 6 Amount (\$) \$1,800.00 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outsid DIGITAL AD PRO | de of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | I I Candidate/Officeholder name Office sought H SHAHEEN, MATT State Representative District 6 | Office held 66 |
| Date 01/15/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$2,500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description | de of Texas. Complete Schedule T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought H NOBLE, CANDY State Representative District 8 | Office held |
| Date 01/15/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$2,500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outsid DIGITAL AD PRO | de of Texas. Complete Schedule T. |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|--|--|--|
| | EXPENDITURE CATEGORIES FOR BOX 8(a) | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense | nse Transportation Equipment & Related Expense Travel in District Travel Out of District or OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 19/24 Ppt: 28/33 | | 3 Filer ID (Ethics Commission Filers) |
| Sch: 19/24 Rpt: 28/33 | Americans for Prosperity; Americans for Prosperity dba The | 00087678 |
| 4 Date 01/15/2024 | 5 Payee name TARGETED VICTORY LLC | |
| 6 Amount (\$) \$2,500.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| 8 PURPOSE OF EXPENDITURE | | on Travel outside of Texas. Complete Schedule T. AD PRODUCTION |
| | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H LEACH, JEFF State Representative I | Office held District 67 |
| Date | Payee name | |
| 01/23/2024 | TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| | | n |
| OF | | travel outside of Texas. Complete Schedule T. |
| EXPENDITURE | | AD PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H KAMKAR, ALEX State Representative I | Office held District 29 |
| Date 01/24/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | | n travel outside of Texas. Complete Schedule T. - AD PRODUCTION |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30 | | |
| | | |

| POLITICAL EXF | PENDITURES | SCHEDULE F1 |
|---|--|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | xpense Transportation Equipment & Related Expense Travel in District Travel Out of District Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 20/24 Rpt: 29/33 | · · · · · · · · · · · · · · · · · · · | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/24/2024 | 5 Payee name TARGETED VICTORY LLC | |
| 6 Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| 8 PURPOSE OF EXPENDITURE | | otion ck if travel outside of Texas. Complete Schedule T. AL AD PRODUCTION |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder name Office sought H CURRY, PAT State Representativ | Office held ve District 56 |
| Date 01/12/2024 | Payee name TARGETED VICTORY LLC | |
| Amount (\$) \$1,800.00 Expenditure from corporate funds | Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 | |
| PURPOSE OF EXPENDITURE | | otion ck if travel outside of Texas. Complete Schedule T. AL AD PRODUCTION |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought H JETTON, JACEY State Representativ | Office held ve District 26 |
| Date 01/24/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$1,587.42 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | | otion ck if travel outside of Texas. Complete Schedule T. ER POSTAGE |
| Complete ONLY if directCandidate/Officeholder nameOffice soughtOffice heldexpenditure to benefit C/OHNOBLE, CANDYState Representative District 89 | | |
| | | |

| POLITICAL EXF | PENDITURES SCHEDU | LE F1 | |
|--|---|----------------|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | |
| 1 Total pages Schedule F1: Sch: 21/24 Rpt: 30/33 | 2 FILER NAME 3 Filer ID (Ethics Commis | ission Filers) | |
| 4 Date 01/24/2024 | 5 Payee name UNITED STATES POSTAL SERVICE | | |
| 6 Amount (\$) \$2,604.91 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł | Candidate/Officeholder nameOffice soughtOffice heldDHBURROWS, DUSTINState Representative District 83 | | |
| Date 01/24/2024 | Payee name UNITED STATES POSTAL SERVICE | | |
| Amount (\$) \$4,083.86 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Image: Candidate/Officeholder name Office sought Office held OH TROXCLAIR, ELLEN State Representative District 19 | | |
| Date 01/24/2024 | Payee name UNITED STATES POSTAL SERVICE | | |
| Amount (\$) \$1,024.95 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE | | |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 | | | |
| | | | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 |
|--|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhea Food/Beverage Expense Polling Expense / - Gift/Awards/Memorials Expense Printing Expense Il Committee Legal Services Salaries/Wages | ent/Reinbursement d/Rental Expense e Transportation Equipment & Related Expense Travel in District se Travel Out of District s/Contract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 22/24 Rpt: 31/33 | The Instruction Guide explains how to complete FILER NAME Americans for Prosperity; Americans for Prosperity | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/24/2024 | 5 Payee name UNITED STATES POSTAL SERVICE | |
| 6 Amount (\$) \$1,171.31 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H LEACH, JEFF State Repres | Office held sentative District 67 |
| Date 01/24/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$1,625.70 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | I I Candidate/Officeholder name Office sought H DEAYALA, MANO State Representation | Office held sentative District 133 |
| Date 01/24/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$997.17 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) (b) Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHAHEEN, MATT State Representative District 66 | | |
| | | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | al Committee Legal Services Salaries/Wages/Co | Reimbursement kental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ontract Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 23/24 Rpt: 32/33 | The Instruction Guide explains how to complete FILER NAME Americans for Prosperity; Americans for Prosperity c | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2024 | 5 Payee name UNITED STATES POSTAL SERVICE | |
| 6 Amount (\$) \$1,587.42 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| 8 PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. IAILER POSTAGE |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought ^H NOBLE, CANDY State Represe | Office held ntative District 89 |
| Date 01/25/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$2,604.91 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. IAILER POSTAGE |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | I I Candidate/Officeholder name Office sought H BURROWS, DUSTIN State Represe | Office held ntative District 83 |
| Date 01/25/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$4,083.86 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | Advertising Expense | Description Check if travel outside of Texas. Complete Schedule T. IAILER POSTAGE |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH TROXCLAIR, ELLEN State Representative District 19 | | |
| | | |

| POLITICAL EXI | PENDITURES | SCHEDULE F1 |
|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | tal Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District act Labor OTHER (enter a category not listed above) |
| 1 Total pages Schedule F1: Sch: 24/24 Rpt: 33/33 | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2024 | 5 Payee name UNITED STATES POSTAL SERVICE | |
| 6 Amount (\$) \$1,024.95 Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| 8 PURPOSE OF EXPENDITURE | | Cription Check if travel outside of Texas. Complete Schedule T. |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought JETTON, JACEY State Represent | Office held ative District 26 |
| Date 01/25/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$1,171.31 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | | Cription Check if travel outside of Texas. Complete Schedule T. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought H LEACH, JEFF State Represent | Office held ative District 67 |
| Date 01/25/2024 | Payee name UNITED STATES POSTAL SERVICE | |
| Amount (\$) \$997.17 Expenditure from corporate funds | Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024 | |
| PURPOSE OF EXPENDITURE | | Scription Check if travel outside of Texas. Complete Schedule T. |
| Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHAHEEN, MATT State Representative District 66 State Representative District 66 | | |
| | | |