FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 16 00088553 3 COMMITTEE NAME **OFFICE USE ONLY** American Values First Date Received **ELECTRONICALLY FILED** 02/26/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 75650 Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20013 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dustin NAME NICKNAME LAST **SUFFIX** McIntyre STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 75650 STREET **ADDRESS** (Residence or Business) Washington, DC 20013 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 75650 MAILING **ADDRESS** Washington, DC 20013 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (702) 381-3113 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Month Year Month Day Day COVERED **THROUGH** 02/24/2024 02/14/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
American Values First			00088553		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Mr. Steve Allison			
(Attach lists on plain	X Candidate				
paper to complete this report if necessary.)		OFFICE SOLICHT (condidate) / OFFICE HEL	D (officeholder)		
	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL State Representative	.D (diliceriolder)		
		State Representative			
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #	ELECTI	ION DATE	
X OPPOSE			Month	Day	Year
(Candidate or Measure)					
□ ACCICT	Measure				
(Officeholder)		DESCRIPTION			
(Officeriolder)					
15 CONTRIBUTION	1. TOTAL POLITICAL CON	<u> </u> TRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES.	1	
TOTALS	LOANS, OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE		\$	\$0.00
	ELECTRONICALLY), UN	LESS ITEMIZED			
	2. TOTAL POLITICAL C	ONTRIBUTIONS		1.	
	(OTHER THAN PLEDGE	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$125,000.00
	2 TOTAL LINITEMIZED DO	LITICAL EVDENDITUDES		1	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES		 \$	\$0.00
					40.00
	4. TOTAL POLITICAL E	XPENDITURES			
				\$	\$92,170.24
				<u> </u>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CON REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	\$	\$0.00
				*	Ψ0.00
OUTSTANDING	6. TOTAL PRINCIPAL AMO	UNT OF ALL OUTSTANDING LOANS AS OF	THE LAST		
LOAN TOTALS	DAY OF THE REPORTIN	IG PERIOD		\$	\$0.00
16 AFFIDAVIT					
		I swear, or affirm, under penalty of per and correct and includes all informatio			
		Title 15, Election Code.	ii requireu to be	reported by	ne under
			in McIntyre		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
		t, witness my hand and seal of office.	his the		day
UI	, 20, to certify writer	i, withess my hand and sear of office.			
					
Signature of officer ad	nınıstering oath Prin	ted name of officer administering oath	Title of office	er administer	ing oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

	3 of 16					
17 COMM Americ		E NAME Values First	18 Filer ID 00088553	(Ethics Commissi	on Filers)	
19 SCHEI NAME			SUBTOTAL	AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	125,000.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION	PR	\$		
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$		
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$		
7.		SCHEDULE E: LOANS		\$		
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	92,170.24	
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$		
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
13.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	5,209.00	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$		

	MONET	ARY POLITICAL CONTRIBUTION	DNS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/16	
2	FILER NAME American Va			3 Filer ID (Ethics Commission Filers) 00088553
4	Date 02/21/2024 5 Full name of contributor out-of-state PAC (ID#:) AFFORDABLE ENERGY FUND PAC 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$25,000.00	
	Deinsinal	ALEXANDRIA, VA 22307	le Farala and Construction	
8	Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	ns)
	Date Full name of contributor out-of-state PAC (ID#:) 02/20/2024 The Revitalization Project Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100,000.00	
	Principal occu	Arlington, VA 22202 upation / Job title (See Instructions)	Employer (See Instructions	ns)

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

	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 1/11 Rpt: 5/16	American Values First	00088553	
4	Date	5 Payee name		
	02/19/2024	The Stoneridge Group LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$5,953.71	960 N Point Parkway		
	!	Suite 225		
		Alpharetta, GA 30005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
	!	l —	ail opposing Steve Allison for TXHD121.	
	!			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OF	H Allison, Steve (Mr.) State Representative D	District 121	
	Date	Payee name		
	02/20/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,414.45	960 N Point Parkway		
	!	Suite 225		
		Alpharetta, GA 30005		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Navertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
	!	l —	ssaging opposing Reggie Smith for TXHD62.	
	!		3 3 11	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	H Smith, Reggie (Mr.) State Representative D	District 62	
	Date	Payee name		
	02/20/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$1,119.22	960 N Point Parkway		
	!	Suite 225		
		Alpharetta, GA 30005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Navertising Expense L	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense	
	!	,	saging opposing Steve Allison for	
	!	TXHD121		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OH	H Allison, Steve (Mr.) State Representative D	District 121	

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

	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 2/11 Rpt: 6/16	American Values First	00088553	
4	Date	5 Payee name		
	02/20/2024	The Stoneridge Group LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$1,446.29	960 N Point Parkway		
		Suite 225		
		Alpharetta, GA 30005		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	/ Advertising Expense	vel outside of Texas. Complete Schedule T.	
			stin, TX, officeholder living expense aging opposing Jill Dutton for TXHD02	
		TOX! MOSS		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	Dutton, Jill (Ms.) State Representative Di	strict 02	
Η	Date	Payee name		
	02/20/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$734.32	960 N Point Parkway		
		Suite 225		
		Alpharetta, GA 30005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T.	
			stin, TX, officeholder living expense aging opposing Bianca Gracia for	
		TXHD128	aging opposing blanca Gracia for	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	¹ Gracia, Bianca (Ms.) State Representative Di	strict 128	
	Date	Payee name		
	02/20/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$4,334.01	960 N Point Parkway		
		Suite 225		
		Alpharetta, GA 30005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T.	
			stin, TX, officeholder living expense opposing Bianca Gracia for TXHD128	
		Direct mail	opposing bianca Gracia for TAHD126	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O			

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
Sch: 3/11 Rpt: 7/16	American Values First	00088553			
4 Date	5 Payee name	·			
02/20/2024	The Stoneridge Group LLC				
6 Amount (\$)	7 Payee address; City; State; Zip C	ode			
\$7,439.97	960 N Point Parkway				
	Suite 225				
	Alpharetta, GA 30005				
8 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.			
		Check if Austin, TX, officeholder living expense Direct mail opposing Jill Dutton for TXHD02			
		Birect man opposing oil Battorn for TX11B02			
9 Complete ONLY if direct	Candidate/Officeholder name Office so	I Office held			
expenditure to benefit C/C		epresentative District 02			
Date	Payee name				
02/20/2024	The Stoneridge Group LLC				
Amount (\$)	Payee address; City; State; Zip Ci	nda			
\$5,953.71	960 N Point Parkway				
ψ0,000.7 1	Suite 225				
	Alpharetta, GA 30005				
DUDDOCE	<u> </u>	145 5			
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.			
EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense			
		Direct mail opposing Steve Allison for TXHD121			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sol				
experiditure to benefit C/C	Allison, Steve (Mr.) State Re	epresentative District 121			
Date	Payee name				
02/20/2024	The Stoneridge Group LLC				
Amount (\$)	Payee address; City; State; Zip C	ode			
\$7,200.10	960 N Point Parkway				
	Suite 225				
	Alpharetta, GA 30005				
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.			
		Check if Austin, TX, officeholder living expense Direct mail opposing Reggie Smith for TXHD62			
		2 oct mail opposing reggie offiliation 17(11)02			
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held			
expenditure to benefit C/C	ш	epresentative District 62			
	,				

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

The Instruction Guide explains how to complete this form.						
1 Total pages Sched	dule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 4/11 Rpt:	8/16	American Values First			00088553	
4 Date		5 Payee name				
02/20/2024		The Stoneridge Group LLC				
6 Amount (\$)	I	7 Payee address; City;	State; Zip Co	ode		
\$4,3	334.01	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
8 PURPOSE OF		(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
EXPENDITURE		Advertising Expense		. =	outside of Texas. Com n, TX, officeholder living	
				. —		Gracia for TXHD128
					., .	
9 Complete ONLY if		Candidate/Officeholder name	Office sou	ıght	Office he	eld
expenditure to ben	iefit C/OF	Gracia, Bianca	State Re	presentative Distr	rict 128	
Date		Payee name				
02/20/2024		The Stoneridge Group LLC				
Amount (\$)		Payee address; City;	State; Zip Co	ode		
\$7,2	200.10	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
PURPOSE		(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
OF EXPENDITURE		Advertising Expense			outside of Texas. Com n, TX, officeholder living	
						Smith for TXHD62
					PP9 - 30	
Complete ONLY if		Candidate/Officeholder name	Office sou	ıght	Office he	eld
expenditure to ben	iefit C/OF	¹ Smith, Reggie	State Re	presentative Distr	rict 62	
Date		Payee name				
02/20/2024		The Stoneridge Group LLC				
Amount (\$)		Payee address; City;	State; Zip Co	ode		
\$7,2	200.10	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
PURPOSE OF		(a) Category (See Categories listed at the to	op of this schedule)	(b) Description		
EXPENDITURE		Advertising Expense		ı ⊔	outside of Texas. Com n, TX, officeholder living	•
				_		Smith for TXHD62
					111 3 33 -	
Complete ONLY if		Candidate/Officeholder name	Office sou	ıght	Office he	eld
expenditure to ben	iefit C/OF	¹ Smith, Reggie	State Re	presentative Distr	rict 62	

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

	The Instruction Guide explains how to complete this form.					
1 T	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 5/11 Rpt: 9/16	American Values First			00088553	
4 [Date	5 Payee name				
C	02/20/2024	The Stoneridge Group LLC				
6 <i>A</i>	Amount (\$)	7 Payee address; City; State; Zip Co	ode			
	\$7,439.97	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
	OF EXPENDITURE	Advertising Expense	[Check if travel outside		
			L	Check if Austin, TX,		ton for TXHD02
				oneet man oppo	oning oni Dut	ION ION TANIBOL
9 (Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
e	expenditure to benefit C/O	H Dutton, Jill State Re	eprese	ntative District ()2	
	Date	Payee name				
C	02/22/2024	The Stoneridge Group LLC				
P	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$4,334.01	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
	OF EXPENDITURE	Advertising Expense	[Check if travel outside		
				Check if Austin, TX,		
				nieci man oppo	sing bianca	Gracia for TXHD128
	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
e	expenditure to benefit C/O	H Gracia, Bianca State Re	eprese	ntative District 1	L28	
	Date	Payee name				
C	02/22/2024	The Stoneridge Group LLC				
A	Amount (\$)	Payee address; City; State; Zip Co	ode			
	\$5,953.71	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description		
	OF EXPENDITURE	Advertising Expense	[Check if travel outside		
			ļ	Check if Austin, TX,		gexpense Allison for TXHD121
				nieci man oppo	only oleve /	JUISUIT IN TAMPILL
(Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ught		Office he	eld
	expenditure to benefit C/O		•	ntative District 1		
	<u> </u>					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 6/11 Rpt: 10/16	American Values First 00088553	
4	Date	5 Payee name	
	02/23/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$6,454.06	960 N Point Parkway	
		Suite 225	
		Alpharetta, GA 30005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense Direct mail opposing Janis Holt for TXHD18	
		Direct mail opposing sams not for 170016	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
_	Date	Payee name	=
	02/23/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$5,800.02	960 N Point Parkway	
	40,000.02	Suite 225	
	DUDDOCE	Alpharetta, GA 30005	_
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Direct mail supporting Jennifer Bergman for Liberty	
		County DA	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H Bergman, Jennifer District Attorney Place Liberty Co	
	Date	Payee name	
	02/22/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$561.32	960 N Point Parkway	
		Suite 225	
		Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense	
		Check if Austin, TX, officeholder living expense	
		Direct mail supporting Christi Craddick for Railroad Commission of Texax	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Credit Card Payment	The Instruction Guide explains how to complete this form	(* ** ** *** *** **,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 7/11 Rpt: 11/16	American Values First	00088553
4	Date	5 Payee name	
	02/22/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$561.32	960 N Point Parkway	
		Suite 225	
		Alpharetta, GA 30005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	
	OF EXPENDITURE	/ Advertising Expense	travel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense
		I — I —	ail supporting John Devine for Judge of the
			upreme Court Place 4
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	H Devine, John Supreme Court Justice	e Place 4
	Date	Payee name	
	02/22/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$561.32	960 N Point Parkway	
		Suite 225	
		Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	on .
	OF EXPENDITURE	Accounting/Banking	travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if	Austin, TX, officeholder living expense
			ail supporting David Schenck for Presiding the Texas Court of Criminal Appeals
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		eals,
F	Date	Payee name	
	02/22/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$561.32	960 N Point Parkway	
		Suite 225	
		Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descriptio	un
	OF EXPENDITURE		travel outside of Texas. Complete Schedule T.
	EXPENDITORL	,	Austin, TX, officeholder living expense
			ail supporting Gina Parker for Texas Court of Appeals, Place 7
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
			-

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

	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 8/11 Rpt: 12/16	American Values First	00088553	
4	Date	5 Payee name		
	02/22/2024	The Stoneridge Group LLC		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$561.32	960 N Point Parkway		
		Suite 225		
		Alpharetta, GA 30005		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		I — I —	upporting Lee Finley for Texas Court of	
		Criminal Appe		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	H Finley, Lee Court Of Criminal Appeals	,	
	Date	Payee name		
	02/22/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$561.32	960 N Point Parkway		
	!	Suite 225		
	!	Alpharetta, GA 30005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
	!	l	upporting Ernest Bailes for TXHD1	
	!		**************************************	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/O	H Bailes, Ernest State Representative Distr	ict 1	
	Date	Payee name		
	02/22/2024	The Stoneridge Group LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$561.32	960 N Point Parkway		
		Suite 225		
		Alpharetta, GA 30005		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense	
		l	upporting Jennifer Bergman for Liberty	
		County Distric		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OF	H Bergman, Jennifer District Attorney District Lik	perty	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/11 Rpt: 13/16	American Values First 00088553
4	Date	5 Payee name
	02/22/2024	The Stoneridge Group LLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$561.32	960 N Point Parkway
		Suite 225
		Alpharetta, GA 30005
8	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.
		☐ Check if Austin, TX, officeholder living expense Direct mail supporting Robert Rader for Liberty
		County Sheriff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	02/22/2024	The Stoneridge Group LLC
_	Amount (\$)	Payee address; City; State; Zip Code
	\$561.32	960 N Point Parkway
	Ψ501.52	Suite 225
		Alpharetta, GA 30005
	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. Check if Austin, TX, officeholder living expense
		Direct mail supporting Linda L. Chapman for Liberty
		County Tax Assessor-Collector
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Chapman, Linda Tax Assessor-Collector District
	Date	Payee name
	02/22/2024	The Stoneridge Group LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$561.32	960 N Point Parkway
		Suite 225
		Alpharetta, GA 30005
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFEINDITORE	Check if Austin, TX, officeholder living expense
		Direct mail supporting David S. Whitmire for Commissioner Precinct 3 - Liberty County
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

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

	Credit Card Payment	The Instruction Guide explains ho	w to complet	e this form.		
1	Total pages Schedule F1:	2 FILER NAME		3 F	iler ID	(Ethics Commission Filers)
	Sch: 10/11 Rpt: 14/16	American Values First		C	00088553	
4	Date	5 Payee name				
	02/22/2024	The Stoneridge Group LLC				
6	Amount (\$)		Zip Code			
	\$561.32	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b)	Description	. - 0	
	EXPENDITURE	Advertising Expense		Check if travel outside Check if Austin, TX, or		
			'	—		Harkness for Liberty
				County Constable	Precinct 6	i
9	Complete ONLY if direct		ce sought		Office he	eld
	expenditure to benefit C/OI	Harkness, Zack Co	nstable Pla	ace Precinct 6		
_	Date	Payee name				
	02/22/2024	The Stoneridge Group LLC				
	Amount (\$)	Payee address; City; State;	Zip Code			
	\$561.32	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b)	Description		
	EXPENDITURE	Advertising Expense		Check if travel outside		
			'			ny Bishop for Liberty
			1	County Constable	e, Precinct	1
	Complete ONLY if direct		ce sought		Office he	eld
	expenditure to benefit C/OI	H Bishop, Tammy Co	nstable Pla	ace Precinct 1		
	Date	Payee name				
	02/22/2024	The Stoneridge Group LLC				
	Amount (\$)	Payee address; City; State;	Zip Code			
	\$561.32	960 N Point Parkway				
		Suite 225				
		Alpharetta, GA 30005				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b)	Description		
	EXPENDITURE	Advertising Expense		Check if travel outside Check if Austin, TX, or		
						Hunter for Liberty
				County Constable		
	Complete ONLY if direct	Candidate/Officeholder name Off	ce sought		Office he	eld
	expenditure to benefit C/OI	Hunter, David Co	nstable Pl	ace Precinct 5		
_						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	Expense norials Expense on Guide explains	-	nse es/Contract Labo		Travel in District Travel Out of Di OTHER (enter a	
	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission Filers)
	Sch: 11/11 Rpt: 15/16		American √	/alues First					00088553	
	Date	5	Payee name							
	02/22/2024		The Stoner	idge Group I	LLC					
6	Amount (\$)	ı	Payee addre		State	; Zip Code				
	\$561.32	ı	960 N Poin	t Parkway						
		ı	Suite 225							
			Alpharetta,	GA 30005						
8	PURPOSE OF				ed at the top of this sch	hedule) (b) Description			
	EXPENDITURE		Advertising	Expense					ide of Texas. Com , officeholder living	nplete Schedule T.
							_			e Karbowski for
							Commiss	ioner F	Precinct 1 - L	iberty County
	Complete ONLY if direct		Candidate/Off	iceholder nam	ne (Office sough	t		Office h	eld
	expenditure to benefit C/OI	HK	Karbowsk, B	ruce		County Co	nmissioner	Place		

SCHEDULE |

The Instruction Guide explains how to complete this form.								
1	Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME American Values First 3 Filer ID (Ethics Commission Filers) 00088553						
4	Date 02/21/2024	5 Payee name Chain Bridge Bank NA						
6	Amount (\$) 25.00	7 Payee Address; City; State; Zip 1445-A Laughlin Ave Mclean, VA 22101						
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees						
	Date	Payee name						
02/21/2024		Thomas, Lauren						
	Amount (\$)	Payee Address; City; State; Zip						
	5,184.00	2511 Willowick Rd #702 Houston, TX 77027						
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description (See instructions regarding type of information required.) Website design and hosting consulting						