CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00087678		48			Date Received	
3	FILER NAME	Americans for Prosperi	ty; Americans for Pr	osperity dba The LI	BRE Initiative	ELECTRONIC 02/27/2024	ALLY FILED
						Date Hand-delivered of	or Date Postmarked
	ORIGINAL	January 15	Run	off		1	
	REPORT TYPE	July 15	10th	day after campaign treas	surer resignation	Receipt #	Amount
		30th day before election	Diss	olution report		Date Processed	
		X 8th day before election	Othe	er (specify)		Date Processed	
	ORIGINAL PERIOD	Month Day Yea	ar	Month Day	Year	Date Imaged	
	COVERED	01/26/2024	THROUGH	02/24/2024			
6	EXPLANATION OF C	CORRECTION					
7	AFFIDAVIT			ear, or affirm, under p	enalty of perjury	, that this correcte	d report is true
7	AFFIDAVIT		and	correct.			d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	and all applicab s: I swear or a aith and without a	ole statements: affirm, that the orig an intent to mislea	jinal report
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good for	y and all applicables. I swear or a aith and without a cormation contain swear, or affirm, the 14th busines iginally filed is inat any error or om	ole statements: affirm, that the original intent to misleated in the report. That I am filing this is day after the day accurate or incom	ginal report ad or to s corrected ate I learned plete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applicables. I swear or a aith and without a cormation contain swear, or affirm, the 14th busines iginally filed is inat any error or om	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the data accurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I
7		AMP / SEAL ABOVE	and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applicables. I swear or a aith and without a cormation contain swear, or affirm, the 14th busines iginally filed is inat any error or omod faith.	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the data accurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I
7	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	Semiannual report was made in good for misrepresent the inf Other reports: 1 report not later than that the report as or swear, or affirm, that filed was made in good Sign	y and all applicables: I swear or a aith and without a ormation contain swear, or affirm, the 14th businestiginally filed is inatt any error or omood faith.	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the data accurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	s: I swear or a aith and without a ormation contain swear, or affirm, the 14th busines iginally filed is in at any error or omod faith.	ole statements: affirm, that the original intent to misleated in the report. that I am filing this so day after the date accurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual report was made in good fi misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	s: I swear or a aith and without a ormation contain swear, or affirm, the 14th busines iginally filed is in at any error or omod faith.	ole statements: affirm, that the original intent to misleated in the report. that I am filing this so day after the date accurate or incomplission in the report	ginal report ad or to s corrected ate I learned plete. I rt as originally

Needed To Report And Explain Corrections

FORM DCE COVER SHEET PG 1

The DCE Instruction G	Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commission Filer 00087678	rs)	2 Total pages file 48	
3 FILER NAME	MS / MRS / MR	FIRST	•	MI	OFFICE U	SE ONLY
	NICKNAME	LAST Americans for	Prosperity;	SUFFIX	Date Received ELECTRONICAI 02/27/2024	LLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE		
Change of Address	1020 LEVEE ST STE 170 DALLAS, TX 75207				Date Hand-delivered or D	Date Postmarked Amount
5 FILER PHONE	AREA CODE PHO (202) 841-0942	ONE NUMBER E	EXTENSION		Date Processed	
6 REPORT TYPE	January 15 July 15		th day before election		Date Imaged	
	_	RI	ınoff			
7 PERIOD COVERED	Month Day Yea 01/26/2024		IROUGH	Month Day 02/24/2024	Year 4	
8 ELECTION	ELECTION DATE Month Day Yea 03/05/2024		· <u></u>	ELECTION T ^V Runoff Special	YPE Other	
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported M	ANO DEAYALA Sta	ate Representat	ive	
(Attach lists on plain paper to complete this report if		B. Opposed				
necessary.)	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
GO TO PAGE 2						

FORM DCE COVER SHEET PG 2

.0 FILER NAME					11 Filer ID	(Ethics Commission Filers)
	perity; Americans for P	rosperity dba The	LIBRE Initiative		00087678	
2 EXPENDITURE TOTALS	1. TOTAL UNITEM	IIZED POLITICAL E	XPENDITURES		\$	0.00
	2. TOTAL POLIT	TICAL EXPENDIT	URES		\$	278,387.83
3 AFFIDAVIT	·					
		t	swear, or affirm, under rue and correct and inc under Title 15, Election	ludes all infor	erjury, that the ac mation required	ccompanying report is to be reported by me
		-		Signatu	ıre of Filer	
			Signature of indi	vidual with au	or	n behalf of entity
AFFIX NOTARY STA	AMP / SEAL ABOVE					
	ibed before me, by the sa				his the	day
OT	, 20, to cer	rtify which, withess r	ny nand and seal of off	ice.		
Signature of office	r administering oath	Printed name o	of officer administering of	oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 4 of 48

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	Candidates (identify by name or, if applicable, classify by party)		MARC LAHOOD State Represe	ntative
(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		
	Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		MATT SHAHEEN State Represe	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		
	Officeholders Assisted (identify by name or, if applicable, classify by party)			
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		JOANNE SHOFNER State Rep	resentative
(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 ADDENDUM

Page 5 of 48

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Americans for Prosper	ity; Americans for Pro	sperity dba Th	e LIBRE Initiative	00087678	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	HILLARY HICKLAND S	tate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	JACEY JETTON State	Representative	
(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			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	JEFF LEACH State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted				

FORM DCE ADDENDUM

Page 6 of 48

10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Americans for Prosperi	ty; Americans for Pro	sperity dba Th	ne LIBRE Initiat	ive	00087678	,
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		CANDY NOB	_E State Represe	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	ALEX KAMKA	R State Represe	ntative	
(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	Candidates (identify by name or, if applicable, classify by party)		PAT CURRY	State Representa	itive	
(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				
	Officeholders Assisted (identify by name or, if					
	applicable, classify by party)					

FORM DCE ADDENDUM

Page 7 of 48

10 CHED NAME				11 Filer ID	(Ethics Commission Filers)
10 FILER NAME Americans for Prosperi	ty; Americans for Pro	sperity dba Th	ne LIBRE Initiative	00087678	(Ethics Commission Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	CODY HARRIS 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			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	JEFF BAUKNIGHT State	e Representative	
(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			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	ELLEN TROXCLAIR Sta	ate Representative	
(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			
	Officeholders Assisted				

SUBTOTALS - DCE FORM DCE **COVER SHEET PG 3** 14 FILER NAME 15 Filer ID (Ethics Commission Filers) 00087678 Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative 16 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE F1: POLITICAL EXPENDITURES \$ 278,387.83 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/40 Rpt: 9/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 Date 4 Payee name

01/26/2024	Americans for Prosperity	
6 Amount (\$) \$254.72 Expenditure from corporate funds	7 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
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sould KAMKAR, ALEX State Re	ught Office held epresentative District 29
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$382.09 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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soul NOBLE, CANDY State Re	ught Office held epresentative District 89
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$509.45 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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office south	ught Office held epresentative District 55

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/40 Rpt: 10/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$491.25 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$1,965.01 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE**

CANVASSING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code \$636.80 4201 Wilson Blvd Ste 1000 Expenditure from corporate funds Arlington, VA 22203 **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 CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/40 Rpt: 11/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 Americans for Prosperity 6 Amount (\$) Payee address; City; State; Zip Code \$127.36 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING**

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name DEAYALA, MANO	Office sou State Re	ght presentative District 133	Office held
Date 01/26/2024	Payee name Americans for Prosperity			
Amount (\$) \$636.81 Expenditure from corporate funds	Payee address; City; 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	State; Zip Co	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	o of this schedule)	(b) Description Check if travel outside of Te	exas. Complete Schedule T.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H LAHOOD, MARC	Office sou State Re	ght coresentative District 121	Office held
Date 01/26/2024	Payee name Americans for Prosperity			
Amount (\$) \$982.50 Expenditure from corporate funds	Payee address; City; 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	State; Zip Co	de	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	o of this schedule)	(b) Description Check if travel outside of To	exas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H SHAHEEN, MATT	Office sou State Re	ght oresentative District 66	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/40 Rpt: 12/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
01/27/2024	Americans for Prosperity
6 Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 4201 Wilson Blvd
φ000.00	Ste 1000
Expenditure from corporate funds	Arlington, VA 22203
8 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
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	DEAYALA, MANO State Representative District 133
Date	Payee name
02/01/2024	Americans for Prosperity
Amount (\$)	Payee address; City; State; Zip Code
\$700.00	4201 Wilson Blvd
Expenditure from	Ste 1000
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 sought Office held
experiente to benefit G/OI	1 LAHOOD, MARC State Representative District 121
Date	Payee name
02/03/2024	Americans for Prosperity
Amount (\$)	Payee address; City; State; Zip Code
\$60.00	4201 Wilson Blvd
Expenditure from	Ste 1000
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	SHAHEEN, MATT State Representative District 66

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 5/40 Rpt: 13/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
02/10/2024	Americans for Prosperity
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	4201 Wilson Blvd
Expenditure from	Ste 1000
corporate funds	Arlington, VA 22203
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.
	CANVASSING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	HICKLAND, HILLARY State Representative District 55
Date	Payee name
02/10/2024	Americans for Prosperity
Amount (\$)	Payee address; City; State; Zip Code
\$80.00	4201 Wilson Blvd
Expenditure from	Ste 1000
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 ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	SHOFNER, JOANNE State Representative District 11
Date	Payee name
01/26/2024	CANVASS AMERICA
Amount (\$)	Payee address; City; State; Zip Code
\$4,800.00	45 N HILL DR
Expenditure from	STE 100
corporate funds	WARRENTON, TX 20186
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
	CANVASSING
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit 6/01	JETTON, JACEY State Representative District 26

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- Gi Committee Le	ou/Beverage Expense it/Awards/Memorials Expense gal Services ne Instruction Guide (Salaries/V	, xpense Vages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
	Sch: 6/40 Rpt: 14/48	Americans for	Prosperity; Amer	icans for Prosp	erity dba The	00087678	
4	Date	5 Payee name					
	01/26/2024	CANVASS AN	MERICA				
6	Amount (\$)	7 Payee address	City;	State; Zip Co	ode		
	\$3,250.00	45 N HILL DF	!				
	- Consolitous form	STE 100					
	Expenditure from corporate funds	WARRENTO	N, TX 20186				
8	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE	Advertising E	kpense		Check if travel	outside of Texas. Complete Schedule T.	
					CANVASSIN	G	
					C/ ((V/) (OO))		
9	Complete ONLY if direct	Candidate/Office	holder name	Office sou	<u> </u> aht	Office held	_
	expenditure to benefit C/Oh				presentative Distr		
	Date	Payee name					
	01/26/2024	CANVASS AN	//ERICA				
	Amount (\$)	Payee address	City;	State; Zip Co	ode		
	\$800.00	45 N HILL DF					
_	T Expenditure from	STE 100					
	corporate funds	WARRENTO	N, TX 20186				
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description		
	OF EXPENDITURE	Advertising E	kpense		Check if travel	outside of Texas. Complete Schedule T.	
					CANVASSIN	G	
					0,444,400114		
	Complete ONLY if direct	Candidate/Office	holder name	Office sou	I ıght	Office held	_
	expenditure to benefit C/OH	LEACH, JEFF		State Re	presentative Distr	ict 67	
	Date	Payee name					=
	01/26/2024	CANVASS AN	/IERICA				
	Amount (\$)	Payee address	City;	State; Zip Co	ode		
	\$750.00	45 N HILL DF					
		STE 100					
	Expenditure from corporate funds	WARRENTO	N, TX 20186				
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b) Description		_
	OF EXPENDITURE	Advertising E		,	Check if travel	outside of Texas. Complete Schedule T.	
	LAI LADITORE				CANIVACCINI	C	
					CANVASSIN	G	
_	Complete ONLY if direct	Candidata/Off:	holder name	Office	laht.	Office hold	_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office NOBLE, CAND		Office sou	ıgnt presentative Distı	Office held	
	•	NODLE, CANL	1	State Re	presentative DISt	101 03	_

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/40 Rpt: 15/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 CANVASS AMERICA 6 Amount (\$) Payee address; City; State; Zip Code \$4,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$375.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name

01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$7,500.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **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 CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/40 Rpt: 16/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 CANVASS AMERICA 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$250.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE**

CANVASSING Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CURRY, PAT State Representative District 56 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$4,750.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **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 CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/40 Rpt: 17/48 Americans for Prosperity; Americans for Prosperity dba The 00087678

9 Complete ONLY if direct expenditure to benefit C/OH LAHOOD, MARC Date			
\$2,959.50 Sependiture from corporate funds CASTLE PINES, CO 80108	1	i ayee name	
Advertising Expense Advertising Advertising Advertising District 212 Advertising Advertising Advertising Distric	\$2,959.50	558 E CASTLE PINES PKWY SUTE B-4 BOX 333	de
expenditure to benefit C/OH Date O1/31/2024 Payee name FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,267.20 S58 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 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. DOORHANGER PRINTING AND PRODUCTIC Complete QNLY if direct expenditure to benefit C/OH Candidate/Officeholder name AMKAR, ALEX State Representative District 29 Date O2/01/2024 Payee name PCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.40 S3,500.40 Payee address; City; State; Zip Code S58 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 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. DOORHANGER PRINTING AND PRODUCTIC (b) Description Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	OF		
O1/31/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,267.20 \$58 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 PURPOSE OF Advertising Expense (a) Category (see Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH CAMMAR, ALEX Date Payee name 02/01/2024 PCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.40 \$58 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES PKWY State Representative District 29 Date Payee name 02/01/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.40 \$58 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 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. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.		1.1	~
\$3,267.20		1 ,	
Advertising Expense Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION Complete ONLY if direct expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date 02/01/2024 Payee name PCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.40 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	\$3,267.20	558 E CASTLE PINES PKWY SUTE B-4 BOX 333	de
expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 02/01/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,500.40 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 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.	OF		
O2/01/2024 FCG MAIL, LLC Amount (\$) \$3,500.40 STATE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Advertising Expense City; State; Zip Code		1.1	_
\$3,500.40 Some things are considered as the state of t			
OF EXPENDITURE Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.	\$3,500.40	558 E CASTLE PINES PKWY SUTE B-4 BOX 333	de
DOCKHANGER FRINTING AND FRODUCTIO	OF		· · · <u> </u>
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/40 Rpt: 18/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/03/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,267.20 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds

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.
		DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O		e sought Office held e Representative District 121
Date	Payee name	
02/10/2024	FCG MAIL, LLC	
Amount (\$)	Payee address; City; State; Zi	p Code
\$4,465.20	558 E CASTLE PINES PKWY	
Expenditure from	SUTE B-4 BOX 333	
corporate funds	CASTLE PINES, CO 80108	
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.
		DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office	e sought Office held
expenditure to benefit C/O	H SHOFNER, JOANNE State	e Representative District 11
Date	Payee name	
02/15/2024	FCG MAIL, LLC	
Amount (\$)	Payee address; City; State; Zi	p Code
\$1,572.60	558 E CASTLE PINES PKWY	
Expenditure from	SUTE B-4 BOX 333	
corporate funds	CASTLE PINES, CO 80108	
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 ONLY if direct		e sought Office held
expenditure to benefit C/O	H CURRY, PAT State	e Representative District 56

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 Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Manage/Control Laboration

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 11/40 Rpt: 19/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
01/26/2024	FCG MAIL, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY
\$3,910.41	SUTE B-4 BOX 333
Expenditure from corporate funds	CASTLE PINES, CO 80108
8 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.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
experialiture to beliefit C/O	BAUKNIGHT, JEFF State Representative District 30
Date	Payee name
01/26/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,930.92	558 E CASTLE PINES PKWY
Expenditure from	SUTE B-4 BOX 333
corporate funds	CASTLE PINES, CO 80108
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	
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	CURRY, PAT State Representative District 56
Date	Payee name
01/26/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,798.21	558 E CASTLE PINES PKWY
Expenditure from	SUTE B-4 BOX 333
corporate funds	CASTLE PINES, CO 80108
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.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	KAMKAR, ALEX State Representative District 29

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 Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 5	
1 Total pages Schedule F1:	
Sch: 12/40 Rpt: 20/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
01/29/2024	FCG MAIL, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,124.63	558 E CASTLE PINES PKWY
	SUTE B-4 BOX 333
Expenditure from corporate funds	CASTLE PINES, CO 80108
8 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
	MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	SHOFNER, JOANNE State Representative District 11
Date	Payee name
01/29/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,409.32	558 E CASTLE PINES PKWY
	SUTE B-4 BOX 333
Expenditure from corporate funds	CASTLE PINES, CO 80108
·	
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.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	HICKLAND, HILLARY State Representative District 55
Date	Payee name
01/29/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$3,827.00	558 E CASTLE PINES PKWY
. ,	SUTE B-4 BOX 333
Expenditure from corporate funds	CASTLE PINES, CO 80108
·	
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.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	LAHOOD, MARC State Representative District 121

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

Candidate/Officeholder/Politica Credit Card Payment		nittee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAM	 F				3	Filer ID	(Ethics Commis	sion Filers)	
Sch: 13/40 Rpt: 21/48		for Prosperity; Americ	cans for Prospe	erity	dba The	ľ	00087678	(_u		
4 Date	5 Payee name)								
02/01/2024	FCG MAIL									
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de						
\$5,019.63	558 E CAS	TLE PINES PKWY								
	SUTE B-4	BOX 333								
Expenditure from corporate funds	CASTLE P	INES, CO 80108								
8 PURPOSE	(a) Category (S	See Categories listed at the top o	of this schedule)	(b)	Description					
OF EXPENDITURE	Advertising	Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.		
					MAILER PRI	NT	ING AND PI	RODUCTION		
9 Complete ONLY if direct	Candidate/Of	ficeholder name	Office sou	ght			Office he	eld		
expenditure to benefit C/O	SHOFNER,	JOANNE		•	entative Distr	ict	11			
Date	Payee name)								
02/01/2024	FCG MAIL	, LLC								
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de						
\$3,910.41	558 E CAS	TLE PINES PKWY								
	SUTE B-4	BOX 333								
Expenditure from corporate funds		INES, CO 80108								
·				(1-)						
PURPOSE OF		See Categories listed at the top of	of this schedule)	(D)	Description Check if travel	outci	do of Toyas Com	nplete Schedule T.		
EXPENDITURE	Advertising	Expense			Check il liavei	outsi	ue or rexas. Con	ipiete Scriedule 1.		
					MAILER PRI	NT	ING AND PI	RODUCTION		
Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld		
expenditure to benefit C/O	¹ BAUKNIGH	T, JEFF	State Rep	ores	entative Distr	ict	30			
Date	Payee name)								
02/01/2024	FCG MAIL	, LLC								
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de						
\$3,371.32	558 E CAS	TLE PINES PKWY								
	SUTE B-4	BOX 333								
Expenditure from corporate funds	CASTLE P	INES, CO 80108								
PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description					
OF	Advertising		or this scriedule)	` '	_	outsi	de of Texas. Com	plete Schedule T.		
EXPENDITURE		•								
					MAILER PRI	NT	ING AND PI	RODUCTION		
Complete <u>ONLY</u> if direct	Candidate/Of	ficeholder name	Office sou	ght			Office h	eld		
expenditure to benefit C/O	HICKLAND,	HILLARY		•	entative Distr	ict	55			
			<u> </u>							

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 Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Mange/Control Labor

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.				
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
Sch: 14/40 Rpt: 22/48	Americans for Prosperity; Americans for Prosp	erity dba The 00087678				
4 Date	5 Payee name					
02/01/2024	FCG MAIL, LLC					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode				
\$3,789.00	558 E CASTLE PINES PKWY					
— Foresaditors from	SUTE B-4 BOX 333					
Expenditure from corporate funds	CASTLE PINES, CO 80108					
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.				
		MAILER PRINTING AND PRODUCTION				
		WALLET THE THE PROPERTY				
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	I ught Office held				
expenditure to benefit C/OI	H LAHOOD, MARC State Re	presentative District 121				
Date	Payee name					
02/01/2024	FCG MAIL, LLC					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$3,930.92	558 E CASTLE PINES PKWY					
	SUTE B-4 BOX 333					
Expenditure from corporate funds	CASTLE PINES, CO 80108					
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.				
		MAILER PRINTING AND PRODUCTION				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held				
expenditure to benefit C/OI	H CURRY, PAT State Re	presentative District 56				
Date	Payee name					
02/01/2024	FCG MAIL, LLC					
Amount (\$)	Payee address; City; State; Zip Co	ode				
\$2,798.21	558 E CASTLE PINES PKWY					
Expenditure from	SUTE B-4 BOX 333					
corporate funds	CASTLE PINES, CO 80108					
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.				
		MAILER PRINTING AND PRODUCTION				
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held				
expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29						

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/40 Rpt: 23/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/07/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,371.32 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/07/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$5,019.63 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE**

MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name 02/07/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,789.00 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

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 Salaries/Manage/Control

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1: Sch: 16/40 Rpt: 24/48	2 FILER NAME Americans for Prosperity; Americans for Prosperity of	3 Filer ID (Ethics Commission Filers) 1ba The 00087678
4 Date 02/07/2024	5 Payee name FCG MAIL, LLC	I
6 Amount (\$) \$2,818.21 Expenditure from corporate funds	7 Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
8 PURPOSE OF EXPENDITURE	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 sought KAMKAR, ALEX State Represe	Office held ntative District 29
Date 02/08/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,567.22 Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H LAHOOD, MARC State Represe	Office held ntative District 121
Date 02/13/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,785.41 Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	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 sought H BAUKNIGHT, JEFF State Represe	Office held ntative District 30

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		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp			kpens /ages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)
	Sch: 17/40 Rpt: 25/48		Americans for Prosperity; America	ans fo	r Prosp	erity	dba The		00087678
4	Date	5	Payee name						
	02/13/2024		FCG MAIL, LLC						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de			
	\$3,371.32		558 E CASTLE PINES PKWY						
			SUTE B-4 BOX 333						
	Expenditure from corporate funds		CASTLE PINES, CO 80108						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense				Check if travel	outsi	de of Texas. Complete Schedule T.
							MAII ED DDII	NITI	NG AND PRODUCTION
							W/ (ILLIX I IXII	V 1 1	NO AND I NODGETION
<u> </u>	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name		Office sou	aht			Office held
	expenditure to benefit C/O		HICKLAND, HILLARY			~	sentative Distri	ict 5	
	Date		Payee name						
	02/13/2024		FCG MAIL, LLC						
	Amount (\$)		Payee address; City;	State;	Zip Co	de			
	\$5,019.63		558 E CASTLE PINES PKWY						
_	T Expenditure from		SUTE B-4 BOX 333						
	corporate funds		CASTLE PINES, CO 80108						
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising Expense				Check if travel	outsi	de of Texas. Complete Schedule T.
							MAILER PRII	NTI	NG AND PRODUCTION
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name		Office sou	aht			Office held
	expenditure to benefit C/O		SHOFNER, JOANNE			•	entative Distri	ict :	
	Date	Π	Payee name						
	02/13/2024		FCG MAIL, LLC						
	Amount (\$)			State:	Zip Co	do			
	\$6,356.22		558 E CASTLE PINES PKWY	State,	Zip Co	ue			
	Ψ0,000.22		SUTE B-4 BOX 333						
г	Expenditure from								
_	corporate funds		CASTLE PINES, CO 80108						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this sche	edule)	(b)	Description	outci	de of Texas. Complete Schedule T.
	EXPENDITURE		Advertising Expense				Check if traver of	outsii	de of Texas. Complete Schedule 1.
							MAILER PRII	NTI	NG AND PRODUCTION
	Complete ONLY if direct	L(Candidate/Officeholder name	C	Office sou	ght			Office held
	expenditure to benefit C/O		_AHOOD, MARC			•	entative Distri	ict :	
					•				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Doubles

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment		Legal Services		pense /ages/Contract Labor		ER (enter a	category not listed above)
•		The Instruction Guide exp	olains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer	ID	(Ethics Commission Filers)
Sch: 18/40 Rpt: 26/48	8/40 Rpt: 26/48 Americans for Prosperity; Americans for Prosperity db					87678	
4 Date	5 Payee name)					
02/20/2024	FCG MAIL						
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
\$3,943.26	558 E CAS	TLE PINES PKWY					
	SUTE B-4	BOX 333					
Expenditure from corporate funds	CASTLE P	INES, CO 80108					
8 PURPOSE		See Categories listed at the top of	this ashadula)	(b) Description			
OF	Advertising		iriis scriedule)	Check if travel	l outside of T	exas. Com	plete Schedule T.
EXPENDITURE		, p		_			
				MAILER PRI	INTING	and Pi	RODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	1	ficeholder name —	Office sou			Office he	eld
experientare to benefit c/of	¹ CURRY, PA	.Τ 	State Rep	oresentative Distr	rict 56		
Date	Payee name)					
02/20/2024	FCG MAIL	, LLC					
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
\$3,917.41	558 E CAS	TLE PINES PKWY					
	SUTE B-4	BOX 333					
Expenditure from corporate funds	CASTLE P	INES, CO 80108					
PURPOSE	(a) Category (s	See Categories listed at the top of	this schedule)	(b) Description			
OF EXPENDITURE	Advertising			Check if travel	l outside of T	exas. Com	plete Schedule T.
EXI ENDITORE				MAIL ED DDI	INITINIO	AND D	
				MAILER PRI	IIN I IING .	AND PI	RODUCTION
Commission ONLL V if aligness	Candidate/Of	ii aa la lalan na na a	Office			Office le	al d
Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sou	gnı presentative Distr		Office he	eid
	BAOKNIGH	1, JLFF	State Nep		1101 30		
Date	Payee name						
02/20/2024	FCG MAIL	, LLC					
Amount (\$)	Payee addre		State; Zip Co	de			
\$3,341.32	558 E CAS	TLE PINES PKWY					
Expenditure from	SUTE B-4	BOX 333					
corporate funds	CASTLE P	INES, CO 80108					
PURPOSE	(a) Category (S	See Categories listed at the top of	this schedule)	(b) Description			
OF EXPENDITURE	Advertising	Expense		Check if travel	I outside of T	exas. Com	plete Schedule T.
				MAII ED DDI	INITINIC	זם חואם	RODUCTION
				IAN VIETE I LIVI		ייו שויי	(0)0011014
Complete ONLY if direct	[Candidate/∩f	ficeholder name	Office sou	aht		Office he	əld
expenditure to benefit C/OI				oresentative Distr		Onice H	Jiu
		·		222			

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manage Calcadula F1.	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 19/40 Rpt: 27/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
02/20/2024	FCG MAIL, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,019.63	558 E CASTLE PINES PKWY
, , , ,	SUTE B-4 BOX 333
Expenditure from	
corporate funds	CASTLE PINES, CO 80108
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense
	MAILER PRINTING AND PRODUCTION
	WAILER PRINTING AND PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitate to belieff 6/01	SHOFNER, JOANNE State Representative District 11
Date	Payee name
02/20/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,567.56	558 E CASTLE PINES PKWY
Ψ2,307.30	
Expenditure from	SUTE B-4 BOX 333
corporate funds	CASTLE PINES, CO 80108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	MAILED DRINTING AND DECENION
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	LAHOOD, MARC State Representative District 121
Date	Payee name
02/20/2024	FCG MAIL, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,818.54	558 E CASTLE PINES PKWY
Φ2,010.54	
Expenditure from	SUTE B-4 BOX 333
corporate funds	CASTLE PINES, CO 80108
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H KAMKAR, ALEX State Representative District 29

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/40 Rpt: 28/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code \$3,300.00 4201 WILSON BLVD STF 900

Expenditure from corporate funds	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 Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H DEAYALA, MANO State F	ought Office held Representative District 133
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$6,600.00 Expenditure from corporate funds	Payee address; City; State; Zip of 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	Too
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 ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H LAHOOD, MARC State F	ought Office held Representative District 121
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$8,000.00 Expenditure from corporate funds	Payee address; City; State; Zip of 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	Code
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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H SHOFNER, JOANNE State F	ought Office held Representative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/40 Rpt: 29/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 IN PURSUIT OF LLC 6 Amount (\$) Payee address; State; Zip Code \$5,000.00 4201 WILSON BLVD STE 900 Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$1,000.00 4201 WILSON BLVD **STE 900** Expenditure from ARLINGTON, VA 22203 corporate funds

PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS, CODY State Representative District 8 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City: \$1,750.00 4201 WILSON BLVD **STE 900** Expenditure from corporate funds ARLINGTON, VA 22203 **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 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/Lawards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mange/Control Labor

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Sala The Instruction Guide explains how to		ges/Contract Labor plete this form.		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)
	Sch: 22/40 Rpt: 30/48	Americans for Prosperity; Americans for Pr	osperi	ity dba The		00087678	
4	Date	5 Payee name					
	01/26/2024	KAP STRATEGIES					
6	Amount (\$)	7 Payee address; City; State; Zip	Code	Э			
	\$2,077.23	220 QUINN DR					
	Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(t	Description			
	OF	Advertising Expense	`		outsi	de of Texas. Com	pplete Schedule T.
	EXPENDITURE	January Programme Control of the Con		_			
				MAILER PRI	NTI	ING AND PI	RODUCTION
9	Complete ONLY if direct		sough	nt		Office h	eld
	expenditure to benefit C/O	H DEAYALA, MANO State	Repr	esentative Distr	rict	133	
	Date	Payee name					
	01/31/2024	KAP STRATEGIES					
	Amount (\$)	Payee address; City; State; Zip	Code	<u></u>			
	\$3,857.94	220 QUINN DR	0000	•			
	Ψ5,057.54	220 QONNIV BIX					
г	Expenditure from						
L	corporate funds	DRIPPING SPRINGS, TX 78620					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b	Description			
	OF EXPENDITURE	Advertising Expense		Check if travel	outsi	de of Texas. Com	plete Schedule T.
				MAII ED DDI	NITI		RODUCTION
				MAILER FRI	INII	ING AND FI	RODUCTION
	Complete ONLY if direct	Condidate/Officeledday.page				Office le	-1 d
	Complete ONLY if direct expenditure to benefit C/OH		sough	แ esentative Distr	riot '	Office h	eia
	·	TROXCLAIR, ELLEN State	кери	esentative Disti	IICL .	19	
	Date	Payee name					
	01/31/2024	KAP STRATEGIES					
	Amount (\$)	Payee address; City; State; Zip	Code				
	\$1,713.41	220 QUINN DR					
	Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620					
	PURPOSE		10	n Description			
	OF	(a) Category (See Categories listed at the top of this schedule)	1,0	Description Check if travel	outsi	de of Texas, Com	plete Schedule T.
	EXPENDITURE	Advertising Expense		Ш			
				MAILER PRI	NTI	ING AND PI	RODUCTION
	Complete ONLY if direct	Candidate/Officeholder name Office	sough	 nt		Office h	eld
	expenditure to benefit C/OI	1.1		esentative Distr	rict :		

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 Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services	Printing Expense Travel Out of District Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	The Instruction Guide explains ho	·	
1 Total pages Schedule F1: Sch: 23/40 Rpt: 31/48	2 FILER NAME Americans for Prosperity; Americans for	Prosperity dba The 3 Filer ID (Ethics Commission Filers) 00087678	
4 Date	5 Payee name		
01/31/2024	KAP STRATEGIES		
6 Amount (\$)	7 Payee address; City; State;	Zip Code	
\$1,675.74	220 QUINN DR		
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620		
8 PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
		MAILER PRINTING AND PRODUCTION	
9 Complete ONLY if direct	Candidate/Officeholder name Off	ice sought Office held	
expenditure to benefit C/OI	SHAHEEN, MATT Sta	ate Representative District 66	
Date	Payee name		
01/31/2024	KAP STRATEGIES		
Amount (\$)	Payee address; City; State;	Zip Code	
\$1,713.88	220 QUINN DR		
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620		
PURPOSE	(a) Category (See Categories listed at the top of this sched	ule) (b) Description	
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
		MAILER PRINTING AND PRODUCTION	
Complete ONLY if direct		ice sought Office held	
expenditure to benefit C/OI	H LEACH, JEFF Sta	ate Representative District 67	
Date	Payee name		
01/31/2024	KAP STRATEGIES		
Amount (\$)	Payee address; City; State;	Zip Code	
\$2,042.29	220 QUINN DR		
Expenditure from			
corporate funds	DRIPPING SPRINGS, TX 78620		
PURPOSE OF	(a) Category (See Categories listed at the top of this sched		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.	
		MAILER PRINTING AND PRODUCTION	
Operation Children	Open Highest (Office In all In		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ice sought Office held ate Representative District 89	
Otate Representative District 05			

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 Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wange/Contract Labor

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 24/40 Rpt: 32/48	Americans for Prosperity; Americans for Prosp	perity dba The 00087678	
4 Date	5 Payee name	·	
02/02/2024	KAP STRATEGIES		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$2,077.23	220 QUINN DR		
Expenditure from			
corporate funds	DRIPPING SPRINGS, TX 78620		
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.	
		MAILER PRINTING AND PRODUCTION	
		IN MEZIKY KINYING PING PIKOSOG NOW	
9 Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held	
expenditure to benefit C/OH DEAYALA, MANO State Representative District 133			
Date	Payee name		
02/09/2024	KAP STRATEGIES		
Amount (\$)	Payee address; City; State; Zip City;	ode	
\$2,077.23	220 QUINN DR	ouc	
Ψ2,017.20	220 QONIN DIX		
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620		
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.	
		MAILER PRINTING AND PRODUCTION	
Complete ONLY if direct	Candidate/Officeholder name Office soi	ught Office held	
expenditure to benefit C/OI	T DEAYALA, MANO State Re	epresentative District 133	
Date	Payee name		
02/16/2024	KAP STRATEGIES		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$2,077.23	220 QUINN DR		
	-		
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620		
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.	
		MAILER PRINTING AND PRODUCTION	
Complete ONLY if direct	Candidate/Officeholder name Office soi	L ught Office held	
expenditure to benefit C/OH DEAYALA, MANO State Representative District 133			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 25/40 Rpt: 33/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,800.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from corporate funds ARLINGTON, VA 22201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

expenditure to benefit C/OH SHOFNER, JOANNE

EXPENDITURE

Complete ONLY if direct

Advertising Expense

Candidate/Officeholder name

Office sought

State Representative District 11

DIGITAL AD PRODUCTION

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 26/40 Rpt: 34/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,800.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS, CODY State Representative District 8 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$2,500.00 2311 WILSON BLVD **STE 200**

expenditure to benefit C/OH KAMKAR, ALEX

ARLINGTON, VA 22201

Advertising Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 29

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PRODUCTION

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/40 Rpt: 35/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,800.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$2,500.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11

Date Payee name 01/30/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$2,500.00 2311 WILSON BLVD **STE 200** Expenditure from corporate funds ARLINGTON, VA 22201 **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 PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/40 Rpt: 36/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/30/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$2,500.00 2311 WILSON BLVD STE 200 Expenditure from

corporate funds	ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OI		ffice sought Office held tate Representative District 121
Date 01/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,292.85 Expenditure from corporate funds	Payee address; City; State; 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched 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/Ol	11	ffice sought Office held tate Representative District 30
Date 01/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,271.66 Expenditure from corporate funds	Payee address; City; State; 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/Ol		ffice sought Office held tate Representative District 56

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/40 Rpt: 37/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$892.56 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/29/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$2,173.32 470 L'ENFANT PLAZA SW **STE 604**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Exp Legal Services The Instruction Guide	oense P S		ense Jes/Contract Labor	Travel Out of District OTHER (enter a catego	ory not listed above)
1	Total pages Schedule F1:	2 FILER NAME	Ξ				3 Filer ID (Eth	ics Commission Filers)
	Sch: 30/40 Rpt: 38/48	Americans	for Prosperity; Ame	ericans for I	Prosper	ity dba The	00087678	
4	Date	5 Payee name					I.	
	01/29/2024	UNITED ST	TATES POSTAL SI	ERVICE				
6	Amount (\$)	7 Payee addre	ss; City;	State; 2	Zip Code			
	\$1,209.23		ANT PLAZA SW					
		STE 604						
	Expenditure from corporate funds	WASHING ⁻	TON, DC 20024					
8	PURPOSE	(a) Category (s	ee Categories listed at the to	on of this schedu	ule) (k) Description		
	OF EXPENDITURE	Advertising		op or this soricud	ne)	— ·	outside of Texas. Complete S	Schedule T.
	EXPENDITORE						3T4.0F	
						MAILER POS	STAGE	
Ļ								
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name		ice sough	_{it} esentative Distr	Office held	
_		LAHOOD, W	ARC	Jia	ile Nepi	——————————————————————————————————————		
	Date	Payee name						
	02/01/2024	UNITED S	TATES POSTAL SI					
	Amount (\$)	Payee addre		State; 2	Zip Code	9		
	\$2,173.32		ANT PLAZA SW					
_	Expenditure from	STE 604						
L	corporate funds	WASHING [*]	TON, DC 20024					
	PURPOSE OF	(a) Category (S	ee Categories listed at the to	op of this schedu	_{ile)} (k	Description		
	EXPENDITURE	Advertising	Expense			Check if travel	outside of Texas. Complete S	Schedule T.
						MAILER POS	STAGE	
	Complete ONLY if direct	Candidate/Off	iceholder name	Offi	ce sough	nt	Office held	
	expenditure to benefit C/OH	SHOFNER,	JOANNE	Sta	ite Repr	esentative Distr	rict 11	
	Date	Payee name						
	02/01/2024	_	TATES POSTAL SI	ERVICE				
	Amount (\$)	Payee addre	ss; City;	State; 2	Zip Code	<u> </u>		
	\$1,292.85	470 L'ENFA	ANT PLAZA SW	•	•			
		STE 604						
	Expenditure from corporate funds	WASHING ⁻	ΓΟΝ, DC 20024					
	PURPOSE		ee Categories listed at the to	on of this sabadu	ua) (t) Description		
	OF	Advertising		op of this scriedu	ile)		outside of Texas. Complete S	Schedule T.
	EXPENDITURE	: -: y	1			_		
						MAILER POS	STAGE	
	Complete ONLY if direct expenditure to benefit C/OH	1	iceholder name		ce sough		Office held	
	experientale to beliefft C/Of	¹ BAUKNIGHT	, JEFF	Sta	ιτe Repr	esentative Distr	TICT 30	

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 Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenolder/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: 31/40 Rpt: 39/48	Americans for Prosperity; Americans for Prosperity dba The 00087678					
4 Date	5 Payee name					
02/01/2024	UNITED STATES POSTAL SERVICE					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$1,047.18	470 L'ENFANT PLAZA SW					
Expenditure from	STE 604					
corporate funds	WASHINGTON, DC 20024					
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Advertising Expense					
	MAILER POSTAGE					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI						
Date	Payee name					
02/01/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,209.23	470 L'ENFANT PLAZA SW					
	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense					
	MAILER POSTAGE					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OI	H LAHOOD, MARC State Representative District 121					
Date	Payee name					
02/01/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,271.65	470 L'ENFANT PLAZA SW					
Expenditure from	STE 604					
corporate funds	WASHINGTON, DC 20024					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense					
	MAILER POSTAGE					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI	H CURRY, PAT State Representative District 56					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
,	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:						
Sch: 32/40 Rpt: 40/48	Americans for Prosperity; Americans for Prosperity dba The 00087678					
4 Date	5 Payee name					
02/01/2024	UNITED STATES POSTAL SERVICE					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$892.56	470 L'ENFANT PLAZA SW					
	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
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						
	MAILER POSTAGE					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experialitire to benefit C/O	1 KAMKAR, ALEX State Representative District 29					
Date	Payee name					
02/07/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,047.18	470 L'ENFANT PLAZA SW					
	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense					
EXPENDITORE						
	MAILER POSTAGE					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
experientare to serious eye.	HICKLAND, HILLARY State Representative District 55					
Date	Payee name					
02/07/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$2,173.32	470 L'ENFANT PLAZA SW					
- Evnanditura from	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
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.					
LAI LINDITORE	MAII ED BOCTAGE					
	MAILER POSTAGE					
Operation Children	Out title to 10 th a ball day many and the same to 10 th a sam					
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H SHOENED 100NNE State Pergresontative District 11					
	H SHOFNER, JOANNE State Representative District 11					

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/40 Rpt: 41/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/07/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,209.23 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds PURPOSE 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense

EXPENDITURE	Advertising Expense					
		MAILER POSTAGE				
9 Complete ONLY if direct	Candidate/Officeholder name Office so	L ought Office held				
expenditure to benefit C/O		Representative District 121				
Date	Payee name					
02/07/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$892.56						
	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
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.				
EXPENDITORE	- '	MAII ED DOCTACE				
		MAILER POSTAGE				
Complete ONLY if direct	Candidate/Officeholder name Office so	Dught Office held				
expenditure to benefit C/Ol		Representative District 29				
Date		<u>'</u>				
02/08/2024	Payee name UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$734.71	470 L'ENFANT PLAZA SW	Soute				
ψ.σ1	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
PURPOSE		(b) Description				
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.				
EXPENDITURE	, tarentening Emperior					
		MAILER POSTAGE				
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office so	-				
	H LAHOOD, MARC State R	Representative District 121				

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 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/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 34/40 Rpt: 42/48	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
02/13/2024	UNITED STATES POSTAL SERVICE
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,291.44	470 L'ENFANT PLAZA SW
	STE 604
Expenditure from corporate funds	WASHINGTON, DC 20024
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.
2A 2H3H3H2	MAILER POSTAGE
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	BAUKNIGHT, JEFF State Representative District 30
Date	Payee name
02/13/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$1,047.41	470 L'ENFANT PLAZA SW
	STE 604
Expenditure from corporate funds	WASHINGTON, DC 20024
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.
_//	MAILED DOCTAGE
	MAILER POSTAGE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	·
Date	Payee name
02/13/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$2,173.55	470 L'ENFANT PLAZA SW
- "	STE 604
Expenditure from corporate funds	WASHINGTON, DC 20024
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.
LAFLINDITURE	
	MAILER POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORAREIO TO BOHOR O/OI	SHOFNER, JOANNE State Representative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/40 Rpt: 43/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/13/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,944.40 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,271.87 470 L'ENFANT PLAZA SW **STE 604**

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/40 Rpt: 44/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,047.41 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$2,173.55 470 L'ENFANT PLAZA SW **STE 604**

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 Salaries/Mange/Control Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 37/40 Rpt: 45/48	Americans for Prosperity; Americans for Prosperity dba The 00087678					
4 Date	5 Payee name					
02/20/2024	UNITED STATES POSTAL SERVICE					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$892.79	470 L'ENFANT PLAZA SW					
	STE 604					
Expenditure from corporate funds	WASHINGTON, DC 20024					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense					
	MAILER POSTAGE					
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
Date	<u> </u>					
01/26/2024	Payee name UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$1,625.70	470 L'ENFANT PLAZA SW					
Expenditure from	STE 604					
corporate funds	WASHINGTON, DC 20024					
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Advertising Expense					
	WALLERT OSTAGE					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						
<u> </u>	·					
Date	Payee name					
01/31/2024	UNITED STATES POSTAL SERVICE					
Amount (\$)	Payee address; City; State; Zip Code					
\$4,083.86	470 L'ENFANT PLAZA SW					
Expenditure from	STE 604					
corporate funds	WASHINGTON, DC 20024					
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.					
	MAILER POSTAGE					
	WAILER FOSTAGE					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/40 Rpt: 46/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,024.95 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$997.17 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds

PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHAHEEN, MATT State Representative District 66 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,171.31 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/40 Rpt: 47/48 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,587.42 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH NOBLE, CANDY State Representative District 89 Date Payee name 02/02/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,625.70 470 L'ENFANT PLAZA SW

(b) Description

State Representative District 133

(b) Description

State Representative District 133

MAILER POSTAGE

Office sought

State; Zip Code

Office sought

MAILER POSTAGE

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Office held

Office held

STE 604

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

470 L'ENFANT PLAZA SW

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

DEAYALA, MANO

DEAYALA, MANO

Payee name

Payee address:

STE 604

(a) Category (See Categories listed at the top of this schedule)

UNITED STATES POSTAL SERVICE

City:

(a) Category (See Categories listed at the top of this schedule)

Expenditure from

OF

EXPENDITURE

Date

02/09/2024

Amount (\$)

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Complete ONLY if direct

expenditure to benefit C/OH

\$1,625.70

corporate funds

PURPOSE

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/40 Rpt: 48/48 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/16/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,625.70 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133