FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088553 3 COMMITTEE NAME **OFFICE USE ONLY** American Values First Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** PO Box 75650 Date Hand-delivered or Date Postmarked Change of Address Washington, DC 20013 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Dustin NAME NICKNAME LAST **SUFFIX** McIntyre STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** PO Box 75650 STREET **ADDRESS** (Residence or Business) Washington, DC 20013 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** PO Box 75650 MAILING **ADDRESS** Washington, DC 20013 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (702) 381-3113 PHONE REPORT January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election X July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Year Month Day COVERED 02/25/2024 **THROUGH** 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Com	mission Filers)
American Values First			00088553		
14 COMMITTEE		CANDIDATE / OFFICEHOLDER NAME			
PURPOSE		Reggie Smith			
(Attach lists on plain paper to complete this	X Candidate				
report if necessary.)	Officeholder	OFFICE SOUGHT (candidate) / OFFICE HEL	D (officeholder)		
	omconoider	State Representative	_ (,		
		·			
SUPPORT					
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ON DATE	
X OPPOSE			Month	Day	Year
(Candidate or Measure)					
ASSIST	Measure	DESCRIPTION			
(Officeholder)		DESCRIPTION			
15 CONTRIBUTION		TRIBUTIONS OF \$50 OR LESS (OTHER THAI	N PLEDGES,		
TOTALS	ELECTRONICALLY), UN	ES OF LOANS, OR CONTRIBUTIONS MADE LESS ITEMIZED		\$	\$0.00
	2 TOTAL POLITICAL C	ONITRIBUTIONS			
	2. TOTAL POLITICAL C	S, LOANS, OR GUARANTEES OF LOANS)		\$	\$16,942.33
	(OTTLK TIANT LLDGE	o, Loans, on Coanantees of Loans,			,
EXPENDITURE	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURES			
TOTALS				\$	\$0.00
	4. TOTAL POLITICAL E	VDENDITI IDES			
	TOTAL POLITICAL E.	APENDITURES		\$	\$44,563.09
CONTRIBUTION		TRIBUTIONS MAINTAINED AS OF THE LAST	DAY OF THE	1.	
BALANCE	REPORTING PERIOD			\$	\$0.00
OUTSTANDING	6 TOTAL DRINGIDAL AMO	OUNT OF ALL OUTSTANDING LOANS AS OF	THEIAST		
LOAN TOTALS	DAY OF THE REPORTIN		THE LAST	\$	\$0.00
16 AFFIDAVIT				•	
20 7 11 12 7 10 11		I swear, or affirm, under penalty of per			
		and correct and includes all informatio Title 15, Election Code.	n required to be	reported by r	ne under
		-	in McIntyre		
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Ca	mpaign Treasur	er	
		t, witness my hand and seal of office.	nis the		day
UI	, 20, to certify Willer	i, with case my name and sear of office.			
Signature of officer ad-	ministoring oath Drie	tod name of officer administering eath	Title of office	ar administari	ng oath
Signature of officer ad	ministening datin Prin	ted name of officer administering oath	riue or onice	er administeri	ny valli

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 3 of 14 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00088553 American Values First 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Steve Allison (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION ASSIST (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Jill Dutton (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE X **MEASURE** (Candidate or Measure) **DESCRIPTION ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Bianca Gracia (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

FORM SPAC SPECIFIC-PURPOSE COMMITTEE REPORT: **ADDENDUM PURPOSE** Page 4 of 14 12 COMMITTEE NAME 13 Filer ID (Ethics Commission Filers) 00088553 American Values First 14 COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Janis Holt (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative **SUPPORT** (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR X OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE** Jennifer Bergman (Attach lists on plain X CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER District Attorney SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR **OPPOSE MEASURE** (Candidate or Measure) **DESCRIPTION ASSIST** (Officeholders only) COMMITTEE CANDIDATE / OFFICE HOLDER NAME **PURPOSE Ernest Bailes** (Attach lists on plain CANDIDATE paper to complete this report if necessary.) OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICE HOLDER State Representative X SUPPORT (Candidate or Measure) **BALLOT IDENTIFICATION ELECTION DATE** MONTH DAY YEAR OPPOSE **MEASURE** (Candidate or Measure) DESCRIPTION **ASSIST** (Officeholders only)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

					5 of 14
17 CO	MMITTE	EE NAME	18 Filer ID	(Ethics Comm	ission Filers)
Am	erican	Values First	00088553		
10 50	HEDIIII	E SUBTOTALS			
l		SCHEDULE		SUBTOT	AL AMOUNT
	VIL 01 .				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,942.33
				<u> </u>	-,-
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
۷.	Ш	SCHEDOLE AZ. NON-MONETART (IN-RIND) FOLTICAL CONTRIBOTIONS		\$	
3.	Ш	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
		COLUED III E OA. MONETARY CONTRIBUTIONS FROM CORPORATION OR LARG	.D.	 	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	iK	\$	
				-	
5.	П	SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$	
	<u> </u>	LABOR ORGANIZATION		•	
	\Box	COLIED HE DO DE EDCED CONTRIBUTIONS FROM CORRODATION OR LABOR			
6.	Ш	SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (DRGANIZATION	\$	
7.	Ш	SCHEDULE E: LOANS		\$	
8.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	44,563.09
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
]	ш	CONEDUCE 12. CIVI AND INCONNED OBLICATIONS		Φ	
10		COLUED III E FO. DUDOLIACE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	2110		
10.	Ш	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	JNS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
				+	
12.	П	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	 \$	
13.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	50.00
10.		CONEDULE I. HON TOETHOME EXILENDITOREOTHOM TOETHOME CONTRIBUTION	5110	4	30.00
		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED		
14.	Ш	TO FILER		\$	
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l					
l					
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MONET	ARY POLITICAL CONTRIBU	JTIONS	SCHEDULE A1
The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/14
FILER NAME American Va		3 Filer ID (Ethics Commission Filers) 00088553	
Date 03/14/2024	Full name of contributor	C (ID#: <u>C00787432</u>	7 Amount of Contribution (\$) \$13,300.00
	Alexandria, VA 22307		
Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 03/22/2024	Full name of contributor	C (ID#: C00654764)	Amount of Contribution (\$) \$1,642.3
	WASHINGTON, DC 20013		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
03/22/2024	DEFEND US PAC Contributor address; City; State; Zip Code	(C (ID#:_C00634261	Amount of Contribution (\$) \$2,000.00
Principal occu		Employer (See Instruct	ions)
	The Instru FILER NAME American Va Date 03/14/2024 Principal occu Date 03/22/2024 Principal occu Date 03/22/2024	The Instruction Guide explains how to complete FILER NAME American Values First Date 03/14/2024 5 Full name of contributor	American Values First Date

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 1/7 Rpt: 7/14	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4	Date 02/27/2024	Payee name The Stoneridge Group LLC	
6	Amount (\$) \$1,067.60	7 Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
8	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ging opposing Reggie Smith for TXHD62
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Smith, Reggie State Representative Dist	Office held rict 62
	Date 02/27/2024	Payee name The Stoneridge Group LLC	
	Amount (\$) \$870.10	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ging opposing Steve Allison for TXHD121
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Allison, Steve State Representative Dist	Office held rict 121
	Date 02/27/2024	Payee name The Stoneridge Group LLC	
	Amount (\$) \$1,104.60	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
	PURPOSE OF EXPENDITURE	Check if Austi	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense ging opposing Jill Dutton for TXHD02
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H Dutton, Jill State Representative Dist	Office held rict 02

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/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/7 Rpt: 8/14	American Values First 00088553	
4	Date	5 Payee name	
	02/27/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$574.20	960 N Point Parkway	
	!	Suite 225	
	!	Alpharetta, GA 30005	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	\neg
	OF EXPENDITURE	Advertising Expense	
	!	Check if Austin, TX, officeholder living expense Text messaging opposing Bianca Gracia for	
	!	TXHD128	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	\dashv
	expenditure to benefit C/OF	H Gracia, Bianca State Representative District 128	
	Date	Payee name	
	02/27/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,034.30	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Text messaging opposing Janis Holt for TXHD18	
	!		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF	Holt, Janis State Representative District 18	
	Date	Payee name	
	03/08/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,085.90	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	!	Text messaging supporting Jennifer Bergman for	
	!	Liberty County DA	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OF	H Bergman, Jennifer District Attorney Place Liberty Co	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card r dyment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/7 Rpt: 9/14	American Values First	00088553
4	Date	5 Payee name	
	03/08/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,003.30	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
8	PURPOSE OF		Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!		Text Messaging opposing Janis Holt for TXHD18
			O. C. 110000119 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000 - 11000
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	H Holt, Janis State Represer	ntative District 18
	Date	Payee name	
	03/08/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,227.03	960 N Point Parkway	
	!	Suite 225	
	!	Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	!	-	Check if Austin, TX, officeholder living expense Direct mail supporting Ernest Bailes for TXHD18
	!		moot man supporting Errost Sailes is
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF	H Bailes, Ernest State Represer	ntative District 18
Г	Date	Payee name	
	03/08/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,227.03	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
			☐ Check if Austin, TX, officeholder living expense Direct mail opposing Janis Holt for TXHD18
	!		meet mail opposing sams molt for TXTID10
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	entative District 18

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	a category not listed above)
1	Total pages Schedule F1:	.: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 4/7 Rpt: 10/14	American Values First 00088553	
4	Date	5 Payee name	
	03/08/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$5,813.10	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Com	
		Direct mail supporting Jenni	
		County DA	
9	Complete ONLY if direct		eld
	expenditure to benefit C/O	OH Bergman, Jennifer District Attorney Place Liberty Co	
	Date	Payee name	
	03/08/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$5,641.00	960 N Point Parkway	
	!	Suite 225	
		Alpharetta, GA 30005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Com	
	!	Direct mail supporting Jenni	
	!	County DA	
	Complete ONLY if direct		eld
	expenditure to benefit C/OF	OH Bergman, Jennifer District Attorney Place Liberty Co	
	Date	Payee name	
	03/08/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,644.20		
	!	Suite 225	
		Alpharetta, GA 30005	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Com	
	!	Text messaging supporting	- '
		Liberty County DA	
	Complete ONLY if direct		eld
	expenditure to benefit C/O	OH Bergman, Jennifer District Attorney Place Liberty Co	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide expla	ains how to cor	mple	te this form.	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
	Sch: 5/7 Rpt: 11/14		American Values First			00088553	
4	Date	5	Payee name			·	
	03/11/2024		The Stoneridge Group LLC				
6	Amount (\$)	7	Payee address; City; S	State; Zip Co	de		
	\$1,031.20		960 N Point Parkway				
	1		Suite 225				
	!		Alpharetta, GA 30005				
8	PURPOSE	(a)	Category (See Categories listed at the top of thi	nis schedule)	(b)	Description	
	OF EXPENDITURE		Advertising Expense			Check if travel outside of Texas. Complete Schedu	ule T.
	LAI LIIDITO.L					Check if Austin, TX, officeholder living expense	for TVIIDO2
	1					Text messaging opposing Jill Dutton	101 1XHD02
9	Complete ONLY if direct	<u></u>	Candidate/Officeholder name	Office sou	aht	Office held	
-	expenditure to benefit C/O		Dutton, Jill		-	sentative District 02	
	Date	$\overline{}$	Payee name		_		
	03/11/2024		The Stoneridge Group LLC				
	Amount (\$)	╁		State; Zip Co	de.		
	\$547.30		960 N Point Parkway	nato, 2.p c :	uc		
	Ψοου		Suite 225				
	!						
_		 	Alpharetta, GA 30005				
	PURPOSE OF	(a)	Category (See Categories listed at the top of thi	is schedule)	(b)	Description Check if travel outside of Texas. Complete Schedu	ula T
	EXPENDITURE		Advertising Expense			Check if traver outside of Texas. Complete Scheduler Check if Austin, TX, officeholder living expense	ne i.
	!					Text messaging opposing Bianca Gr	acia for
	!					TXHD128	
	Complete ONLY if direct		Candidate/Officeholder name	Office sou	ght	Office held	
	expenditure to benefit C/O	Η (Gracia, Bianca	State Rep	pres	sentative District 128	
	Date	Т	Payee name		_		
	03/11/2024		The Stoneridge Group LLC				
	Amount (\$)	\vdash	Payee address; City; S	State; Zip Co	de		
	\$825.20		960 N Point Parkway				
	!		Suite 225				
	!		Alpharetta, GA 30005				
	PURPOSE	(a)	Category (See Categories listed at the top of thi	nis schedule)	(b)	Description	
	OF EXPENDITURE	`	Advertising Expense	13 3011044.5,		Check if travel outside of Texas. Complete Schedu	ule T.
	EXPENDITURE		· .			Check if Austin, TX, officeholder living expense	
	!					Text messaging opposing Steve Allis	son for TXHD121
	C. L. CAN V. if allocat	上	C. W.L. (OW) - building again	O#:		Cffice hold	
	Complete ONLY if direct expenditure to benefit C/OH	ш	Candidate/Officeholder name	Office sou	-	Office held	
			Allison, Steve	Sidle Rep)IES	sentative District 121	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	\neg
	Sch: 6/7 Rpt: 12/14	American Values First 00088553	
4	Date	5 Payee name	
	03/11/2024	The Stoneridge Group LLC	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$990.50	960 N Point Parkway	
	l	Suite 225	
		Alpharetta, GA 30005	
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. Check if Austin, TX, officeholder living expense	
	l	Text messaging opposing Reggie Smith for TXHD62	2
	I		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
	expenditure to benefit C/O	H Smith, Reggie State Representative District 62	
	Date	Payee name	╕
	03/11/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	٦
	\$982.50	960 N Point Parkway	
	I	Suite 225	
	I	Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
	l	Text messaging opposing Janis Holt for TXHD18	
	I		
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Payee name	_
	03/15/2024	The Stoneridge Group LLC	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$7,439.97	960 N Point Parkway	
	I	Suite 225	
	l	Alpharetta, GA 30005	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE	Check if Austin, TX, officeholder living expense	
	I	Direct mail opposing Jill Dutton for TXHD02	
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
\vdash		<u> </u>	+

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	Fo Gi	es od/Beverage Expense ft/Awards/Memorials Expense gal Services	Polling Printing	Expens Expens			Travel in District Travel Out of Dis	
	Credit Card Payment		T	he Instruction Guide explai	ins how to	compl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 7/7 Rpt: 13/14		American Val	ues First					00088553	
4	Date	5	Payee name					_		
	03/15/2024		The Stoneridg	ge Group LLC						
6	Amount (\$)	7	Payee address	; City; Sta	ate; Zip (Code				
ľ	\$6,454.06		960 N Point P	•	,,					
	φο, το που		Suite 225	antivay						
				A 2000F						
L		L	Alpharetta, G							
8	PURPOSE OF	(a)		Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Advertising Ex	xpense					ide of Texas. Com , officeholder living	
							\Box			Holt for TXHD18
							Bireot man of	ppc	oning oanis i	1011 1741111210
9	Complete ONLY if direct	<u> </u>	Candidate/Office	holder name	Office so	aught.			Office he	nId
ľ	expenditure to benefit C/O		Holt, Janis	noidei name			sentative Distr	rict		au
⊢			Total daring		- Ctate 1					
l										

SCHEDULE |

The Instruction Guide explains how to complete this form.								
1 Total pages Schedule I:2 FILER NAME3 Filer ID(Ethics Commission FilersSch: 1/1 Rpt:American Values First00088553								
1	Date 03/15/2024	5 Payee name Chain Bridge Bank NA						
5	Amount (\$) 25.00	7 Payee Address; City; State; Zip 1445-A Laughlin Ave Mclean, VA 22101						
3	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Bank Fees						
	Date 03/22/2024	Payee name Chain Bridge Bank NA						
	Amount (\$) 25.00	Payee Address; City; State; Zip 1445-A Laughlin Ave Mclean, VA 22101						
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description Bank Fees						