

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088553	2 Total pages filed: 14
3 COMMITTEE NAME American Values First		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 07/15/2024	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 75650 Washington, DC 20013	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Mr. Dustin <hr/> NICKNAME LAST SUFFIX McIntyre	
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 75650 Washington, DC 20013	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 75650 Washington, DC 20013	
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (702) 381-3113	
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED		Month Day Year THROUGH Month Day Year 02/25/2024 06/30/2024	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other 03/05/2024 <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **SPAC**
COVER SHEET PG 2

12 COMMITTEE NAME American Values First		13 Filer ID (Ethics Commission Filers) 00088553
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME Reggie Smith OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	<input type="checkbox"/> Measure	BALLOT IDENTIFICATION / # _____ ELECTION DATE Month Day Year
	_____	DESCRIPTION _____
	_____	_____
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,942.33
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 44,563.09
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mr. Dustin McIntyre
 Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

FORM SPAC
ADDENDUM

Page 3 of 14

12 COMMITTEE NAME American Values First	13 Filer ID (Ethics Commission Filers) 00088553
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Steve Allison
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Jill Dutton
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Bianca Gracia
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE

12 COMMITTEE NAME American Values First	13 Filer ID (Ethics Commission Filers) 00088553
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14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input checked="" type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Janis Holt
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Jennifer Bergman
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) District Attorney
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholders only)	<input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICE HOLDER	CANDIDATE / OFFICE HOLDER NAME Ernest Bailes
	<input type="checkbox"/> MEASURE	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) State Representative
	BALLOT IDENTIFICATION	ELECTION DATE MONTH DAY YEAR
	DESCRIPTION	

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SUBTOTALS - SPAC

17 COMMITTEE NAME American Values First	18 Filer ID (Ethics Commission Filers) 00088553
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19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,942.33
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5. <input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6. <input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7. <input type="checkbox"/> SCHEDULE E: LOANS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 44,563.09
9. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 50.00
14. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/14
2 FILER NAME American Values First		3 Filer ID (Ethics Commission Filers) 00088553
4 Date 03/14/2024	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00787432) ALL FOR OUR COUNTRY <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22307	7 Amount of Contribution (\$) \$13,300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00654764) AMERICAN VALUES FIRST <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20013	Amount of Contribution (\$) \$1,642.33
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/22/2024	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: C00634261) DEFEND US PAC <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22307	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/7 Rpt: 7/14	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4 Date 02/27/2024	5 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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Reggie Smith for TXHD62
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Smith, Reggie	Office sought State Representative District 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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Steve Allison for TXHD121
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Allison, Steve	Office sought State Representative District 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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Jill Dutton for TXHD02
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutton, Jill	Office sought State Representative District 02

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

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

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/7 Rpt: 9/14	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4 Date 03/08/2024	5 Payee name The Stoneridge Group LLC	
6 Amount (\$) \$1,003.30	7 Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging opposing Janis Holt for TXHD18
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Janis	Office sought State Representative District 18
Date 03/08/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$3,227.03	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail supporting Ernest Bailes for TXHD18
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bailes, Ernest	Office sought State Representative District 18
Date 03/08/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$3,227.03	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail opposing Janis Holt for TXHD18
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Janis	Office sought State Representative District 18

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 4/7 Rpt: 10/14	2	FILER NAME American Values First	3	Filer ID (Ethics Commission Filers) 00088553
4	Date 03/08/2024	5	Payee name The Stoneridge Group LLC		
6	Amount (\$) \$5,813.10	7	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail supporting Jennifer Bergman for Liberty County DA		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bergman, Jennifer	Office sought District Attorney Place Liberty Co	Office held
	Date 03/08/2024		Payee name The Stoneridge Group LLC		
	Amount (\$) \$5,641.00		Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail supporting Jennifer Bergman for Liberty County DA		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bergman, Jennifer	Office sought District Attorney Place Liberty Co	Office held
	Date 03/08/2024		Payee name The Stoneridge Group LLC		
	Amount (\$) \$1,644.20		Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging supporting Jennifer Bergman for Liberty County DA		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Bergman, Jennifer	Office sought District Attorney Place Liberty Co	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1	Total pages Schedule F1: Sch: 5/7 Rpt: 11/14	2	FILER NAME American Values First	3	Filer ID (Ethics Commission Filers) 00088553
4	Date 03/11/2024	5	Payee name The Stoneridge Group LLC		
6	Amount (\$) \$1,031.20	7	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Jill Dutton for TXHD02		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutton, Jill	Office sought State Representative District 02	Office held
	Date 03/11/2024		Payee name The Stoneridge Group LLC		
	Amount (\$) \$547.30		Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Bianca Gracia for TXHD128		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Gracia, Bianca	Office sought State Representative District 128	Office held
	Date 03/11/2024		Payee name The Stoneridge Group LLC		
	Amount (\$) \$825.20		Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Steve Allison for TXHD121		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Allison, Steve	Office sought State Representative District 121	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/7 Rpt: 12/14	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4 Date 03/11/2024	5 Payee name The Stoneridge Group LLC	
6 Amount (\$) \$990.50	7 Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Reggie Smith for TXHD62
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Smith, Reggie	Office sought State Representative District 62
Date 03/11/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$982.50	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text messaging opposing Janis Holt for TXHD18
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Janis	Office sought State Representative District 18
Date 03/15/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$7,439.97	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail opposing Jill Dutton for TXHD02
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dutton, Jill	Office sought State Representative District 02

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/7 Rpt: 13/14	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4 Date 03/15/2024	5 Payee name The Stoneridge Group LLC	
6 Amount (\$) \$6,454.06	7 Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Direct mail opposing Janis Holt for TXHD18
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Holt, Janis	Office sought State Representative District 18
Office held		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: Sch: 1/1 Rpt:	2 FILER NAME American Values First	3 Filer ID (Ethics Commission Filers) 00088553
4 Date 03/15/2024	5 Payee name Chain Bridge Bank NA	
6 Amount (\$) 25.00	7 Payee Address; City; State; Zip 1445-A Laughlin Ave Mclean, VA 22101	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking	(b) Description (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 (See instructions regarding type of information required.) Bank Fees