

CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

1 Filer ID (Ethics Commission Filers) 00087678	2 Total pages filed: 50	OFFICE USE ONLY	
3 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		Date Received ELECTRONICALLY FILED 05/21/2024	
4 ORIGINAL REPORT TYPE		Date Hand-delivered or Date Postmarked	
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____		Receipt # Amount	
5 ORIGINAL PERIOD COVERED		Date Processed	
Month Day Year 01/26/2024		Date Imaged	
THROUGH		Month Day Year 02/24/2024	

6 EXPLANATION OF CORRECTION
 INITIAL FILING BASED ON PROJECTED CANVASSING COSTS. CORRECTED FILING REFLECTS ACTUAL CANVASSING COSTS FOLLOWING RECONCILIATION OF CANVASSING HOURS.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 297,229.89

13 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.

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 4 of 50

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported MARC LAHOOD State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported MATT SHAHEEN State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported JOANNE SHOFNER State Representative
		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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 5 of 50

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported HILLARY HICKLAND State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported JACEY JETTON State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported JEFF LEACH State Representative
		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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 6 of 50

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported CANDY NOBLE State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported ALEX KAMKAR State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported PAT CURRY State Representative
		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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 7 of 50

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported CODY HARRIS State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported JEFF BAUKNIGHT State Representative
		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 (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported ELLEN TROXCLAIR State Representative
		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)	

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
8 of 50

14 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		15 Filer ID (Ethics Commission Filers) 00087678
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 297,229.89
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

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: 1/42 Rpt: 9/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$254.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$382.09 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$509.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55

POLITICAL EXPENDITURES

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: 2/42 Rpt: 10/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$491.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought State Representative District 26
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$1,965.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$636.80 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11

POLITICAL EXPENDITURES

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: 3/42 Rpt: 11/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$127.36 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$636.81 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 01/26/2024	Payee name Americans for Prosperity	
Amount (\$) \$982.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66

POLITICAL EXPENDITURES

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: 4/42 Rpt: 12/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/27/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$600.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133
Date 02/01/2024	Payee name Americans for Prosperity	
Amount (\$) \$700.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/03/2024	Payee name Americans for Prosperity	
Amount (\$) \$60.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66

POLITICAL EXPENDITURES

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: 5/42 Rpt: 13/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/10/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 02/10/2024	Payee name Americans for Prosperity	
Amount (\$) \$80.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$4,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought State Representative District 26

POLITICAL EXPENDITURES

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: 6/42 Rpt: 14/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$3,250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89

POLITICAL EXPENDITURES

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: 7/42 Rpt: 15/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$375.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133

POLITICAL EXPENDITURES

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: 8/42 Rpt: 16/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought Office held State Representative District 29
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought Office held State Representative District 56
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$4,750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought Office held State Representative District 121

POLITICAL EXPENDITURES

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: 9/42 Rpt: 17/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$4,997.81 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133
Date 02/17/2024	Payee name CANVASS AMERICA	
Amount (\$) \$5,163.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought Office held State Representative District 121
Date 02/20/2024	Payee name CANVASS AMERICA	
Amount (\$) \$1,153.75 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought Office held State Representative District 89

POLITICAL EXPENDITURES

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: 10/42 Rpt: 18/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/22/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$3,613.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought Office held State Representative District 26
Date 02/24/2024	Payee name CANVASS AMERICA	
Amount (\$) \$2,885.31 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought Office held State Representative District 55
Date 02/24/2024	Payee name CANVASS AMERICA	
Amount (\$) \$765.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought Office held State Representative District 11

POLITICAL EXPENDITURES

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: 11/42 Rpt: 19/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/24/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$262.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66
Date 01/27/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,959.50 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 01/31/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,267.20 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29

POLITICAL EXPENDITURES

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: 12/42 Rpt: 20/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/01/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,500.40 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought Office held State Representative District 55
Date 02/03/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,267.20 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought Office held State Representative District 121
Date 02/10/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$4,465.20 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought Office held State Representative District 11

POLITICAL EXPENDITURES

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: 13/42 Rpt: 21/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/15/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$1,572.60 <input type="checkbox"/> 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	(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. DOORHANGER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56
Date 01/26/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,910.41 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30
Date 01/26/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,930.92 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56

POLITICAL EXPENDITURES

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: 14/42 Rpt: 22/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$2,798.21 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 01/29/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,124.63 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 01/29/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,409.32 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55

POLITICAL EXPENDITURES

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: 15/42 Rpt: 23/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/29/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,827.00 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,019.63 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 02/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,910.41 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30

POLITICAL EXPENDITURES

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: 16/42 Rpt: 24/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/01/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,371.32 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 02/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,789.00 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,930.92 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56

POLITICAL EXPENDITURES

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: 17/42 Rpt: 25/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/01/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$2,798.21 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held KAMKAR, ALEX State Representative District 29	
Date 02/07/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,371.32 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held HICKLAND, HILLARY State Representative District 55	
Date 02/07/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,019.63 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held SHOFNER, JOANNE State Representative District 11	

POLITICAL EXPENDITURES

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: 18/42 Rpt: 26/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/07/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,789.00 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/07/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,818.21 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 02/08/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,567.22 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

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: 19/42 Rpt: 27/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/13/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,785.41 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held BAUKNIGHT, JEFF State Representative District 30	
Date 02/13/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,371.32 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held HICKLAND, HILLARY State Representative District 55	
Date 02/13/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,019.63 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held SHOFNER, JOANNE State Representative District 11	

POLITICAL EXPENDITURES

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: 20/42 Rpt: 28/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/13/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$6,356.22 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,943.26 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,917.41 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30

POLITICAL EXPENDITURES

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: 21/42 Rpt: 29/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/20/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,341.32 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,019.63 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,567.56 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

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: 22/42 Rpt: 30/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/20/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$2,818.54 <input type="checkbox"/> 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	(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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$3,300.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$6,600.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

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: 23/42 Rpt: 31/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$8,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 01/26/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS, CODY	Office sought State Representative District 8

POLITICAL EXPENDITURES

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: 24/42 Rpt: 32/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$1,750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought Office held State Representative District 121
Date 01/26/2024	Payee name KAP STRATEGIES	
Amount (\$) \$2,077.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133
Date 01/31/2024	Payee name KAP STRATEGIES	
Amount (\$) \$3,857.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name TROXCLAIR, ELLEN	Office sought Office held State Representative District 19

POLITICAL EXPENDITURES

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: 25/42 Rpt: 33/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/31/2024	5 Payee name KAP STRATEGIES	
6 Amount (\$) \$1,713.41 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought State Representative District 26
Date 01/31/2024	Payee name KAP STRATEGIES	
Amount (\$) \$1,675.74 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66
Date 01/31/2024	Payee name KAP STRATEGIES	
Amount (\$) \$1,713.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67

POLITICAL EXPENDITURES

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: 26/42 Rpt: 34/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/31/2024	5 Payee name KAP STRATEGIES	
6 Amount (\$) \$2,042.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought Office held State Representative District 89
Date 02/02/2024	Payee name KAP STRATEGIES	
Amount (\$) \$2,077.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133
Date 02/09/2024	Payee name KAP STRATEGIES	
Amount (\$) \$2,077.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133

POLITICAL EXPENDITURES

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: 27/42 Rpt: 35/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2024	5 Payee name KAP STRATEGIES	
6 Amount (\$) \$2,077.23 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
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. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought Office held State Representative District 133
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought Office held State Representative District 121

POLITICAL EXPENDITURES

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: 28/42 Rpt: 36/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS, CODY	Office sought State Representative District 8

POLITICAL EXPENDITURES

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: 29/42 Rpt: 37/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,800.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 01/26/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11

POLITICAL EXPENDITURES

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: 30/42 Rpt: 38/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/30/2024	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 01/30/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 01/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,292.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30

POLITICAL EXPENDITURES

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: 31/42 Rpt: 39/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/26/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,271.66 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held CURRY, PAT State Representative District 56	
Date 01/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held KAMKAR, ALEX State Representative District 29	
Date 01/29/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$2,173.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
	Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held SHOFNER, JOANNE State Representative District 11	

POLITICAL EXPENDITURES

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: 32/42 Rpt: 40/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/29/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,047.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 01/29/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,209.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$2,173.32 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11

POLITICAL EXPENDITURES

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: 33/42 Rpt: 41/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/01/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,292.85 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30
Date 02/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,047.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 02/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,209.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

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: 34/42 Rpt: 42/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/01/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,271.65 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56
Date 02/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,047.18 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55

POLITICAL EXPENDITURES

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: 35/42 Rpt: 43/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/07/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$2,173.32 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,209.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29

POLITICAL EXPENDITURES

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: 36/42 Rpt: 44/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/08/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$734.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/13/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,291.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30
Date 02/13/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,047.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55

POLITICAL EXPENDITURES

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: 37/42 Rpt: 45/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/13/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$2,173.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11
Date 02/13/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,944.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/20/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,271.87 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name CURRY, PAT	Office sought State Representative District 56

POLITICAL EXPENDITURES

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: 38/42 Rpt: 46/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/20/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,291.44 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUKNIGHT, JEFF	Office sought State Representative District 30
Date 02/20/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,047.41 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Representative District 55
Date 02/20/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$2,173.55 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHOFNER, JOANNE	Office sought State Representative District 11

POLITICAL EXPENDITURES

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: 39/42 Rpt: 47/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/20/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$734.94 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 02/20/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.79 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KAMKAR, ALEX	Office sought State Representative District 29
Date 01/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,625.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133

POLITICAL EXPENDITURES

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: 40/42 Rpt: 48/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/31/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$4,083.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name TROXCLAIR, ELLEN	Office sought State Representative District 19
Date 01/31/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,024.95 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought State Representative District 26
Date 01/31/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$997.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66

POLITICAL EXPENDITURES

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: 41/42 Rpt: 49/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/31/2024	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,171.31 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
Date 01/31/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,587.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89
Date 02/02/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,625.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133

POLITICAL EXPENDITURES

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: 42/42 Rpt: 50/50	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
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4 Date 02/09/2024	5 Payee name UNITED STATES POSTAL SERVICE
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6 Amount (\$) \$1,625.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024
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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. MAILER POSTAGE
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133	Office held
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Date 02/16/2024	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) \$1,625.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024
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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. MAILER POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DEAYALA, MANO	Office sought State Representative District 133	Office held
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