CORRECTION/AMENDMENT AFFIDAVIT FOR DIRECT CAMPAIGN EXPENDITURES

FORM COR-DCE

_	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE I	USE ONLY
	00087678		50			Date Received	
3	FILER NAME	Americans for Prosperi	ry; Americans for Pr	osperity dba The Li	IBRE Initiative	ELECTRONIC/ 05/21/2024	ALLY FILED
						Date Hand-delivered o	or Date Postmarked
4	ORIGINAL REPORT TYPE	January 15	Run	off			
	REPORT TIPE	July 15	10th	day after campaign trea	surer resignation	Receipt #	Amount
		30th day before election	=	olution report		Date Processed	
_		X 8th day before election	Otne	er (specify)			
5	ORIGINAL PERIOD COVERED	Month Day Yea 01/26/2024	r THROUGH	Month Day 02/24/2024	Year	Date Imaged	
6	EXPLANATION OF C	CORRECTION					
7	AFFIDAVIT						
7	AFFIDAVIT			ear, or affirm, under p	penalty of perjury	, that this corrected	d report is true
7	AFFIDAVIT		and				d report is true
7	AFFIDAVIT		and	correct.	y and all applicab ts: I swear or a aith and without a	ole statements: affirm, that the orig an intent to mislea	inal report
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report was made in good f	y and all applicables: I swear or a laith and without a formation contain swear, or affirm, the 14th businessiginally filed is inat any error or om	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the dataccurate or incomp	inal report d or to s corrected te I learned plete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, that filed was made in go	y and all applicables: I swear or a laith and without a formation contain swear, or affirm, the 14th businessiginally filed is inat any error or om	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the dataccurate or incomplission in the report	inal report d or to s corrected te I learned plete. I
7		AMP / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, that filed was made in go	y and all applicables: I swear or a faith and without a formation contain swear, or affirm, the 14th busines iginally filed is inat any error or omod faith.	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the dataccurate or incomplission in the report	inal report d or to s corrected te I learned plete. I
7	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good for size of the seminary	y and all applicables: I swear or a aith and without a formation contain swear, or affirm, the 14th busines riginally filed is inat any error or omood faith.	ole statements: affirm, that the origing an intent to misleated in the report. That I am filing this as day after the dataccurate or incomplission in the report	inal report d or to s corrected te I learned plete. I t as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good for the swear of the s	y and all applicables: I swear or a aith and without a formation contain swear, or affirm, the 14th businestiginally filed is inat any error or omood faith.	ole statements: affirm, that the origing an intent to misleated in the report. that I am filing this is day after the dataccurate or incomplission in the report	inal report d or to s corrected te I learned plete. I t as originally

Needed To Report And Explain Corrections

FORM DCE COVER SHEET PG 1

Th	e DCE Instruction G	uide explains how to comp	lete this form.	1 Filer ID (Ethics Commission Fi 00087678	lers)	2 Total pages file	
3	FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
		NICKNAME	LAST Americans for	Prosperity;	SUFFIX	Date Received ELECTRONICA 05/21/2024	LLY FILED
4	FILER ADDRESS	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y; STATE;	ZIP CODE	1	
	Change of Address	1020 LEVEE ST STE 170 DALLAS, TX 75207				Date Hand-delivered or Receipt #	Date Postmarked Amount
5	FILER PHONE		NE NUMBER E	EXTENSION		· ·	Amount
		(202) 841-0942	THE NOWIBER	LATENSION		Date Processed	•
6	REPORT TYPE	January 15	30	th day before election		Date Imaged	
		July 15	X 8th	n day before election			
			Ru	unoff			
7	PERIOD COVERED	Month Day Year 01/26/2024		IROUGH	Month Day 02/24/202	Year 4	
8	ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary Eeneral	ELECTION T	YPE Other	
9	FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported M	ANO DEAYALA S	tate Representat	ive	
	(Attach lists on plain paper to complete this report if		B. Opposed				
	necessary.)	2. Measures	A. Supported				
		(Describe by date and location of election and nature of issue.)					
			B. Opposed				
		Officeholders Assisted					
		(Identify by name or, if applicable, classify by party.)					
	GO TO PAGE 2						

FORM DCE COVER SHEET PG 2

.0 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative			11 Filer ID	11 Filer ID (Ethics Commission Filers)		
			00087678			
2 EXPENDITURE TOTALS	1. TOTAL UNITEN	MIZED POLITICAL EXPENDITURES	\$	0.00		
	2. TOTAL POLIT	FICAL EXPENDITURES	\$	297,229.89		
3 AFFIDAVIT			<u>'</u>			
		I swear, or affirm, und true and correct and i under Title 15, Electic	der penalty of perjury, that the a ncludes all information required on Code.	ccompanying report is I to be reported by me		
		Signature of in	Signature of Filer or ndividual with authority to sign o	on behalf of entity		
			(only if Filer is an entity)			
		aidertify which, witness my hand and seal of (day		
Signature of office	er administering oath	Printed name of officer administerin	g oath Title of offic	er administering oath		

FORM DCE ADDENDUM

Page 4 of 50

10 FILER NAME Americans for Prosperity; Americans for	or Prosperity dba The LIBRE Initiative	11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY 1. Candidates (identify by name or, applicable, classify by	A. Supported MARC LAHOOD State Repre	
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date an location of election a nature of issue)	A. Supported	
	B. Opposed	
3. Officeholder Assisted (identify by name or, applicable, classify b	if	
12 COMMITTEE 1. Candidates ACTIVITY (identify by name or, applicable, classify by		esentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
2. Measures (describe by date an location of election a nature of issue)	A. Supported	
	B. Opposed	
Officeholder Assisted (identify by name or, applicable, classify by)	if	
1. Candidates ACTIVITY 1. Candidates (identify by name or, applicable, classify by	A. Supported JOANNE SHOFNER State Ro	epresentative
(Attach lists on plain paper to complete this report if necessary.)	B. Opposed	
Measures (describe by date an location of election a nature of issue)	A. Supported	
	B. Opposed	
3. Officeholder Assisted		
(identify by name or, applicable, classify b	y party)	

FORM DCE ADDENDUM

Page 5 of 50

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

FORM DCE ADDENDUM

Page 6 of 50

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

FORM DCE ADDENDUM

Page 7 of 50

10 CHED NAME				11 Filer ID	(Ethics Commission Filers)
10 FILER NAME Americans for Prosperi	ty; Americans for Pro	sperity dba Th	ne LIBRE Initiative	00087678	(Ethics Commission Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	CODY HARRIS State Re	epresentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	JEFF BAUKNIGHT State	e Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	ELLEN TROXCLAIR Sta	ate Representative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	Officeholders Assisted				

SUBTOTALS - DCE FORM DCE **COVER SHEET PG 3** 14 FILER NAME 15 Filer ID (Ethics Commission Filers) 00087678 Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative 16 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE X SCHEDULE F1: POLITICAL EXPENDITURES \$ 297,229.89 2. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/42 Rpt: 9/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$254.72 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$382.09 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH NOBLE, CANDY State Representative District 89 Date Payee name

Complete ONLY if direct expenditure to benefit C/OH HICKLAND, HILLARY

Candidate/Officeholder name Office sought State Representative District 55

State Representative District 55

State; Zip Code

(b) Description

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Americans for Prosperity

City:

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

Payee address:

Ste 1000

4201 Wilson Blvd

Arlington, VA 22203

Advertising Expense

\$509.45

01/26/2024

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/42 Rpt: 10/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$491.25 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$1,965.01 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code \$636.80 4201 Wilson Blvd Ste 1000 Expenditure from

expenditure to benefit C/OH SHOFNER, JOANNE

Arlington, VA 22203

Advertising Expense

Candidate/Officeholder name

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

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 11

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/42 Rpt: 11/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$127.36 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$636.81 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 01/26/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code \$982.50 4201 Wilson Blvd Ste 1000

expenditure to benefit C/OH SHAHEEN, MATT

Arlington, VA 22203

Advertising Expense

Candidate/Officeholder name

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

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 66

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/42 Rpt: 12/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/27/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$600.00 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name 02/01/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$700.00 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH SHAHEEN, MATT

\$60.00

Payee name

Payee address:

Ste 1000

4201 Wilson Blvd

Arlington, VA 22203

Advertising Expense

Candidate/Officeholder name

Americans for Prosperity

City:

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

Date

02/03/2024

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

State; Zip Code

Office sought

(b) Description

State Representative District 66

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/42 Rpt: 13/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/10/2024 Americans for Prosperity 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/10/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$80.00 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name

01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$4,800.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087678 Sch: 6/42 Rpt: 14/50 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 **CANVASS AMERICA** 6 Amount (\$) Payee address; State; Zip Code \$3,250.00 45 N HILL DR STE 100 Expenditure from WARRENTON, TX 20186

corporate funds	WARRENTON, IX 20100	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H SHAHEEN, MATT State	sought Office held Representative District 66
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$800.00 Expenditure from corporate funds	Payee address; City; State; Zip 45 N HILL DR STE 100 WARRENTON, TX 20186	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H LEACH, JEFF State	sought Office held Representative District 67
Date 01/26/2024	Payee name CANVASS AMERICA	
Amount (\$) \$750.00 Expenditure from corporate funds	Payee address; City; State; Zip 45 N HILL DR STE 100 WARRENTON, TX 20186	Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office : H NOBLE, CANDY State	sought Office held Representative District 89

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/42 Rpt: 15/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 CANVASS AMERICA 6 Amount (\$) Payee address; City; State; Zip Code \$4,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$375.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$7,500.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Advertising Expense

Candidate/Officeholder name

DEAYALA, MANO

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

CANVASSING

State Representative District 133

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/42 Rpt: 16/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 CANVASS AMERICA 6 Amount (\$) Payee address; City; State; Zip Code \$5,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$250.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CURRY, PAT State Representative District 56 Date Payee name 01/26/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$4,750.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186

expenditure to benefit C/OH LAHOOD, MARC

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 121

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Office held

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

Advertising Expense

Candidate/Officeholder name

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/42 Rpt: 17/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/16/2024 CANVASS AMERICA 6 Amount (\$) Payee address; City; State; Zip Code \$4,997.81 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name 02/17/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$5,163.75 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/20/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$1,153.75 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH NOBLE, CANDY

Candidate/Officeholder name

Complete ONLY if direct

Office sought

CANVASSING

State Representative District 89

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/42 Rpt: 18/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/22/2024 **CANVASS AMERICA** 6 Amount (\$) Payee address; City; State; Zip Code \$3,613.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH JETTON, JACEY State Representative District 26 Date Payee name 02/24/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$2,885.31 45 N HILL DR

Expenditure from corporate funds	STE 100 WARRENTON, TX 20186		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense	schedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name HICKLAND, HILLARY	Office sought State Repre	Office held sentative District 55
Date 02/24/2024	Payee name CANVASS AMERICA		
Amount (\$) \$765.94 Expenditure from corporate funds	Payee address; City; Star 45 N HILL DR STE 100 WARRENTON, TX 20186	te; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this s Advertising Expense	cchedule) (b)	Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H SHOFNER, JOANNE	Office sought State Repre	Office held sentative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/42 Rpt: 19/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/24/2024 **CANVASS AMERICA** 6 Amount (\$) Payee address; City; State; Zip Code \$262.50 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING**

Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name SHAHEEN, MATT	Office sou	pht Office held presentative District 66
Date 01/27/2024	Payee name FCG MAIL, LLC		
Amount (\$) \$2,959.50 Expenditure from corporate funds	Payee address; City; Sta 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ate; Zip Co	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	s schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name LAHOOD, MARC	Office sou	pht Office held presentative District 121
Date 01/31/2024	Payee name FCG MAIL, LLC		
Amount (\$) \$3,267.20 Expenditure from corporate funds	Payee address; City; Sta 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ate; Zip Co	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Advertising Expense	s schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H KAMKAR, ALEX	Office sou	pht Office held presentative District 29

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/42 Rpt: 20/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/01/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,500.40 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DOORHANGER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/03/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,267.20 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DOORHANGER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/10/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$4,465.20 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds

expenditure to benefit C/OH SHOFNER, JOANNE

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 11

Check if travel outside of Texas. Complete Schedule T.

DOORHANGER PRINTING AND PRODUCTION

Office held

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

Advertising Expense

Candidate/Officeholder name

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/42 Rpt: 21/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/15/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$1,572.60 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DOORHANGER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CURRY, PAT State Representative District 56 Date Payee name 01/26/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,910.41 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30 Date Payee name 01/26/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,930.92 558 E CASTLE PINES PKWY

expenditure to benefit C/OH CURRY, PAT

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

SUTE B-4 BOX 333

Advertising Expense

Candidate/Officeholder name

CASTLE PINES, CO 80108

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

Office sought

(b) Description

State Representative District 56

Check if travel outside of Texas. Complete Schedule T.

MAILER PRINTING AND PRODUCTION

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087678 Sch: 14/42 Rpt: 22/50 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$2,798.21 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds

Corporate lunus	CASTLE FINES, CO 00100	
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H KAMKAR, ALEX State Re	ught Office held epresentative District 29
Date 01/29/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,124.63 Expenditure from corporate funds	Payee address; City; State; Zip C 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H SHOFNER, JOANNE State Re	ught Office held epresentative District 11
Date 01/29/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,409.32 Expenditure from corporate funds	Payee address; City; State; Zip C 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office so	Lught Office held epresentative District 55

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1: 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
\$3,827.00 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 Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held LAHOOD, MARC State Representative District 121
Date 02/01/2024	Payee name FCG MAIL, LLC
Amount (\$) \$5,019.63 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 Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held SHOFNER, JOANNE State Representative District 11
Date 02/01/2024	Payee name FCG MAIL, LLC
Amount (\$) \$3,910.41 Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held BAUKNIGHT, JEFF State Representative District 30

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/42 Rpt: 24/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/01/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,371.32 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/01/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,789.00 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds

PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/01/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,930.92 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CURRY, PAT 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

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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services		/ages/Contract Labor		R (enter a cate	egory not listed above)
•		The Instruction Guide ex	plains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer I	D (E	thics Commission Filers)
Sch: 17/42 Rpt: 25/50	Americans	for Prosperity; Americ	ans for Prosp	erity dba The	0008	7678	
4 Date	5 Payee name)					
02/01/2024	FCG MAIL	, LLC					
6 Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	de			
\$2,798.21	558 E CAS	TLE PINES PKWY					
	SUTE B-4	BOX 333					
Expenditure from corporate funds	CASTLE P	INES, CO 80108					
8 PURPOSE		See Categories listed at the top of	41-11-1-1-1	(b) Description			
OF	Advertising		tnis schedule)	Check if travel	outside of Te	xas. Complete	e Schedule T.
EXPENDITURE	, avortioning	ZAPONOO		_			
				MAILER PRI	INTING A	ND PRO	DUCTION
9 Complete ONLY if direct	1	ficeholder name	Office sou	•	_	Office held	
expenditure to benefit C/OI	H KAMKAR, A	LEX	State Re	oresentative Dist	rict 29		
Date	Payee name)					
02/07/2024	FCG MAIL	, LLC					
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
\$3,371.32	558 E CAS	TLE PINES PKWY					
·	SUTE B-4	BOX 333					
Expenditure from corporate funds		INES, CO 80108					
PURPOSE				(b) Description			
OF	Advertising	See Categories listed at the top of	this schedule)	(b) Description Check if travel	l outside of Te	xas. Complete	e Schedule T.
EXPENDITURE	Auvertising	LAPENSE		Ц			
				MAILER PRI	INTING A	ND PRO	DUCTION
Complete ONLY if direct		ficeholder name	Office sou	ght	C	Office held	
expenditure to benefit C/OI	HICKLAND,	HILLARY	State Re	oresentative Dist	rict 55		
Date	Payee name)					
02/07/2024	FCG MAIL	, LLC					
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de			
\$5,019.63	558 E CAS	TLE PINES PKWY					
·	SUTE B-4	BOX 333					
Expenditure from corporate funds		INES, CO 80108					
				(b) D			
PURPOSE OF		See Categories listed at the top of	this schedule)	(b) Description Check if travel	l outside of Te	xas. Complete	Schedule T.
EXPENDITURE	Advertising	Lyhense		Ш ::::::::			
				MAILER PRI	INTING A	ND PRO	DUCTION
Complete ONLY if direct		ficeholder name	Office sou	ght	C	Office held	
expenditure to benefit C/OI	H SHOFNER,	JOANNE	State Re	oresentative Disti	rict 11		

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/42 Rpt: 26/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/07/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,789.00 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/07/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$2,818.21 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29

Date Payee name 02/08/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$2,567.22 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC 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

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

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

Credit Card Payment	The Instruction Guide explains how to co	mplete this form.
, -	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 19/42 Rpt: 27/50	Americans for Prosperity; Americans for Prospe	erity dba The 00087678
4 Date 02/13/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,785.41 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Col. 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sour BAUKNIGHT, JEFF State Rep	ght Office held presentative District 30
Date 02/13/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,371.32 Expenditure from corporate funds	Payee address; City; State; Zip Co. 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office south HICKLAND, HILLARY State Rep	ght Office held presentative District 55
Date 02/13/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$5,019.63 Expenditure from corporate funds	Payee address; City; State; Zip Co 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	de
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sout H SHOFNER, JOANNE State Rep	ght Office held presentative District 11

POLITICAL EXPENDITURES EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment 1 Total pages Schedule F1: Sch: 20/42 Rpt: 28/50 EVENT Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Fining Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: Sch: 20/42 Rpt: 28/50 Americans for Prosperity; Americans for Prosperity dba The 5 Payee name FCG MAIL, LLC

SCHEDULE F1

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

Credit Card Payment	The Instruction Guide explains how to comp	olete this form.
1 Total pages Schedule F1: Sch: 20/42 Rpt: 28/50	FILER NAME Americans for Prosperity; Americans for Prosperi	ty 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 Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough H LAHOOD, MARC State Repre	t Office held esentative District 121
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,943.26 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	Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough CURRY, PAT State Repre	t Office held esentative District 56
Date 02/20/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,917.41 Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough BAUKNIGHT, JEFF State Repre	t Office held esentative 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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee L	Legal Se				pense ages/Contract Labor nplete this form.		ravel Out of Dis DTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	12		1110 1111		СХРІСІПОТ		inplote tille formi	3 F	iler ID	(Ethics Commission Filers)
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	Sch: 21/42 Rpt: 29/50			JI PIU	sperity; Ame	icans io	Prospe	inty uba The		0007070	
4	Date	5	Payee name								
	02/20/2024		FCG MAIL, L	LLC							
6	Amount (\$)	7	Payee address	s;	City;	State;	Zip Cod	de			
	\$3,341.32		558 E CAST	LE P	INES PKWY						
			SUTE B-4 B	OX 3	33						
	Expenditure from corporate funds		CASTLE PIN	JES (CO 80108						
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8	PURPOSE OF	(a) 			ories listed at the top	of this sche	edule)	(b) Description	outeido	of Toyas Com	plete Schedule T.
	EXPENDITURE		Advertising E	=xper	ise			Check if traver	outside	OI TEXAS. COIII	piete Scriedule 1.
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9	Complete ONLY if direct	<u> </u>	Candidate/Offic	ohold	or namo		Office soug	.ht		Office he	nld
9	expenditure to benefit C/O		HICKLAND, F					oresentative Distr	rict 5		au
_				IILL/ (1101 01		
	Date		Payee name								
	02/20/2024		FCG MAIL, L	LLC							
	Amount (\$)		Payee address	s;	City;	State;	Zip Cod	de			
	\$5,019.63		558 E CAST	LE P	INES PKWY						
			SUTE B-4 B	OX 3	33						
Г	Expenditure from corporate funds		CASTLE PIN	JES (CO 80108						
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	PURPOSE OF	(a) 			ories listed at the top	of this sche	edule)	(b) Description	outeido	of Toyas Com	plete Schedule T.
	EXPENDITURE		Advertising E	=xper	ise			Check it traver	outside	or rexas. Com	piete Scriedule 1.
								MAILER PRI	INTIN	IG AND PE	RODUCTION
_	Complete ONLY if direct		Candidate/Offic	eholde	er name		Office soug	ıht		Office he	7l4
	expenditure to benefit C/O		SHOFNER, J					resentative Distr	rict 11		Jiu
		È	————	O/ ((V)	<u> </u>		nate rep		1101 1.	L .	
	Date		Payee name								
	02/20/2024		FCG MAIL, L	LLC							
	Amount (\$)		Payee address	s;	City;	State;	Zip Cod	de			
	\$2,567.56		558 E CAST	LE P	INES PKWY						
			SUTE B-4 B	OX 3	33						
Г	Expenditure from corporate funds		CASTLE PIN	JES (CO 80108						
	•	(-)					1.	(h) p : ::			
	PURPOSE OF	(a) 			ories listed at the top	of this sche	edule)	(b) Description	outsida	of Tevas Com	plete Schedule T.
	EXPENDITURE		Advertising E	=xper	ise			Cricck ii traver	outside	or rexus. Com	piete Juliedule 1.
								MAILER PRI	INTIN	IG AND PE	RODUCTION
H	Complete ONLY if direct	L(Candidate/Offic	ehold	er name	0	Office soug	ıht		Office he	əlq
	expenditure to benefit C/O		_AHOOD, MA		S. 1141110		-	resentative Distr	rict 12		····
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POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 22/42 Rpt: 30/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/20/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY \$2,818.54 **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$3,300.00 4201 WILSON BLVD **STE 900** Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name

01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address: State; Zip Code City: \$6,600.00 4201 WILSON BLVD **STE 900** Expenditure from corporate funds ARLINGTON, VA 22203 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 23/42 Rpt: 31/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/26/2024 IN PURSUIT OF LLC 6 Amount (\$) Payee address; State; Zip Code \$8,000.00 4201 WILSON BLVD STE 900 Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$5,000.00 4201 WILSON BLVD **STE 900** Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense

EXPENDITURE DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 IN PURSUIT OF LLC Amount (\$) Payee address: State; Zip Code City: \$1,000.00 4201 WILSON BLVD **STE 900** Expenditure from corporate funds ARLINGTON, VA 22203 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS, CODY State Representative District 8

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 24/42 Rpt: 32/50	Americans for Prosperity; Americans for Prosperity dba The 00087678	
4 Date	5 Payee name	
01/26/2024	IN PURSUIT OF LLC	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,750.00	4201 WILSON BLVD	
	STE 900	
Expenditure from corporate funds	ARLINGTON, VA 22203	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
EXPENDITURE	Advertising Expense	
	DIGITAL AD PLACEMENT	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI	LAHOOD, MARC State Representative District 121	
Date	Payee name	=
01/26/2024	KAP STRATEGIES	
Amount (\$)	Payee address; City; State; Zip Code	_
\$2,077.23	220 QUINN DR	
4=,011.=0		
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	MAILER PRINTING AND PRODUCTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DEAYALA, MANO State Representative District 133	
Date	Payee name	_
01/31/2024	KAP STRATEGIES	
Amount (\$)	Payee address; City; State; Zip Code	
\$3,857.94	220 QUINN DR	
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXPENDITURE	MAILER PRINTING AND PRODUCTION	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	TROXCLAIR, ELLEN 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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/W	/ages/	Contract Labor		OTHER (enter a	category not listed a	bove)
1 Total pages Schedule F1:	2 FILED NAM		•	•		12	Filor ID	(Ethics Commis	cion Eilore)
Sch: 25/42 Rpt: 33/50		for Prosperity; Ame	ericans for Prosp	erity	dba The	3	Filer ID 00087678	(Ethics Commis	Sion Filers)
			<u>'</u>						
4 Date 01/31/2024	5 Payee name KAP STRA								
6 Amount (\$) \$1,713.41	7 Payee addre		State; Zip Co	de					
Expenditure from corporate funds	DRIPPING	SPRINGS, TX 786	20						
8 PURPOSE OF		See Categories listed at the to	pp of this schedule)	(b)	Description				
EXPENDITURE	Advertising	j Expense			Check if travel	outsi	de of Texas. Com	iplete Schedule T.	
					MAILER PRI	NTI	ING AND PI	RODUCTION	
9 Complete ONLY if direct		ficeholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OI	T JETTON, JA	ACEY	State Re	ores	entative Distr	ict :	26		
Date	Payee name	<u> </u>							
01/31/2024	KAP STRA								
Amount (\$)	Payee addre	ess; City;	State; Zip Co	de					
\$1,675.74	220 QUINI	•	э, _,						
φ <u>2</u> ,στσ τ	220 Q0								
Expenditure from corporate funds	DRIPPING	SPRINGS, TX 786	20						
PURPOSE OF		See Categories listed at the to	pp of this schedule)	(b)	Description				
EXPENDITURE	Advertising	Expense			Check if travel	outsi	de of Texas. Com	plete Schedule T.	
					MAILER PRI	NTI	ING AND PI	RODUCTION	
Complete ONLY if direct	L Candidate/Of	ficeholder name	Office sou	aht			Office he	eld	
expenditure to benefit C/OI	H SHAHEEN,	MATT		_	entative Distr	ict	66		
Data									
Date 01/31/2024	Payee name KAP STRA								
Amount (\$)	Payee addre		State; Zip Co	ae					
\$1,713.88	220 QUINI	NDR							
Expenditure from									
corporate funds	DRIPPING	SPRINGS, TX 786	20						
PURPOSE	(a) Category (S	See Categories listed at the to	pp of this schedule)	(b)	Description				
OF EXPENDITURE	Advertising	j Expense			Check if travel	outsi	de of Texas. Com	nplete Schedule T.	
					MAILER PRI	NTI	ING AND PI	RODUCTION	
Complete ONLY if direct	LCandidate/∩f	ficeholder name	Office sou	ght			Office he	eld	
expenditure to benefit C/OI				_	entative Distr	ict			
	,								

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ement Solicitation/Fundraising Expense
ense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a extension pat listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 7 1 0 1 1 54	
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	5 Payee name
01/31/2024	KAP STRATEGIES
6 Amount (\$) \$2,042.29	7 Payee address; City; State; Zip Code 220 QUINN DR
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
, 	NOBLE, CANDY State Representative District 89
Date	Payee name
02/02/2024	KAP STRATEGIES
Amount (\$)	Payee address; City; State; Zip Code
\$2,077.23	220 QUINN DR
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	DEAYALA, MANO State Representative District 133
Date	Payee name
02/09/2024	KAP STRATEGIES
Amount (\$)	Payee address; City; State; Zip Code
\$2,077.23	220 QUINN DR
Expenditure from corporate funds	DRIPPING SPRINGS, TX 78620
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	
	MAILER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	DEAYALA, MANO State Representative District 133

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 27/42 Rpt: 35/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/16/2024 KAP STRATEGIES 6 Amount (\$) Payee address; City; State; Zip Code \$2,077.23 220 QUINN DR Expenditure from DRIPPING SPRINGS, TX 78620 corporate funds

8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		MAILER PRINTING AND PRODUCTION
9 Complete ONLY if direct	Candidate/Officeholder name Office	sought Office held
expenditure to benefit C/O	H DEAYALA, MANO State	Representative District 133
Date	Payee name	
01/26/2024	TARGETED VICTORY LLC	
Amount (\$)	Payee address; City; State; Zip	Code
\$1,800.00	2311 WILSON BLVD	
Expenditure from	STE 200	
corporate funds	ARLINGTON, VA 22201	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		DIGITAL AD PRODUCTION
		BIGHTAL TROBUSTION
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Complete ONLY if direct	Candidate/Officeholder name Office	Sought Office field
expenditure to benefit C/OI	1	Representative District 133
	1	-
expenditure to benefit C/OI	H DEAYALA, MANO State	-
expenditure to benefit C/O	H DEAYALA, MANO State Payee name	Representative District 133
expenditure to benefit C/Ol Date 01/26/2024	Payee name TARGETED VICTORY LLC	Representative District 133
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip	Representative District 133
Date 01/26/2024 Amount (\$)	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD	Representative District 133
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200	Representative District 133
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	Representative District 133 Code
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE OF	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 (a) Category (See Categories listed at the top of this schedule)	Code (b) Description Check if travel outside of Texas. Complete Schedule T.
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE OF	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 (a) Category (See Categories listed at the top of this schedule)	Code (b) Description
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office:	Code (b) Description Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office	Code (b) Description Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
expenditure to benefit C/Ol Date 01/26/2024 Amount (\$) \$1,800.00 Expenditure from corporate funds PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name TARGETED VICTORY LLC Payee address; City; State; Zip 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate/Officeholder name Office	Code (b) Description Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION Cought Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 28/42 Rpt: 36/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,800.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH SHOFNER, JOANNE State Representative District 11 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from

expenditure to benefit C/OH HARRIS, CODY

ARLINGTON, VA 22201

Advertising Expense

Candidate/Officeholder name

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

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 8

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PRODUCTION

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 29/42 Rpt: 37/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$2,500.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,800.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 01/26/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City; State; Zip Code \$2,500.00 2311 WILSON BLVD **STE 200** Expenditure from corporate funds ARLINGTON, VA 22201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE**

expenditure to benefit C/OH SHOFNER, JOANNE

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Representative District 11

DIGITAL AD PRODUCTION

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 30/42 Rpt: 38/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/30/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$2,500.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 01/30/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$2,500.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 01/26/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City; State; Zip Code \$1,292.85 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

expenditure to benefit C/OH BAUKNIGHT, JEFF

Advertising Expense

Candidate/Officeholder name

OF

EXPENDITURE

Complete ONLY if direct

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

MAILER POSTAGE

State Representative District 30

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 31/42 Rpt: 39/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/26/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,271.66 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CURRY, PAT State Representative District 56 Date Payee name 01/26/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$892.56 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/29/2024 UNITED STATES POSTAL SERVICE

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH SHOFNER, JOANNE

\$2,173.32

Payee address:

STE 604

470 L'ENFANT PLAZA SW

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

City;

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

Amount (\$)

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

www.ethics.state.tx.us

State; Zip Code

Office sought

(b) Description

State Representative District 11

MAILER POSTAGE

Check if travel outside of Texas. Complete Schedule T.

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/42 Rpt: 40/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 01/29/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,047.18 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Pavee name

	1 ayee hame
01/29/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$1,209.23	470 L'ENFANT PLAZA SW
	STE 604
Expenditure from corporate funds	WASHINGTON, DC 20024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
	WALLETT GOTAGE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H LAHOOD, MARC State Representative District 121
Date	Payee name
02/01/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$2,173.32	470 L'ENFANT PLAZA SW
Expenditure from	STE 604
corporate funds	WASHINGTON, DC 20024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	MAILER POSTAGE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H SHOFNER, JOANNE State Representative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 33/42 Rpt: 41/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/01/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,292.85 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30 Date Payee name 02/01/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,047.18 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T.

Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55 Date Payee name 02/01/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City; State; Zip Code \$1,209.23 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 34/42 Rpt: 42/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/01/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; State; Zip Code \$1,271.65 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE**

		MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office so CURRY, PAT State Re	ught Office held epresentative District 56
Date 02/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.56 Expenditure from corporate funds	Payee address; City; State; Zip C 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29		
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,047.18 Expenditure from corporate funds	Payee address; City; State; Zip C 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so HICKLAND, HILLARY State Re	ught Office held epresentative District 55

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 35/42 Rpt: 43/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name UNITED STATES POSTAL SERVICE 02/07/2024 6 Amount (\$) Payee address; City; State; Zip Code \$2,173.32 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** 8 (b) Description (a) Category (See Categories listed at the top of this schedule)

OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OI		e sought Office held Representative District 11
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,209.23 Expenditure from corporate funds	Payee address; City; State; Zi 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	o Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OI	1	e sought Office held e Representative District 121
Date 02/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$892.56 Expenditure from corporate funds	Payee address; City; State; Zi 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	o Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OI		e sought Office held Representative District 29

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 36/42 Rpt: 44/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/08/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$734.71 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/13/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,291.44 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30 Date Payee name 02/13/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City; State; Zip Code \$1,047.41 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HICKLAND, HILLARY State Representative District 55

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 37/42 Rpt: 45/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/13/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$2,173.55 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** 8 (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE

Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H SHOFNER, JOANNE	Office sought Office held State Representative District 11
Date 02/13/2024	Payee name UNITED STATES POSTAL SE	RVICE
Amount (\$) \$1,944.40 Expenditure from corporate funds	Payee address; City; 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H LAHOOD, MARC	Office sought Office held State Representative District 121
Date 02/20/2024	Payee name UNITED STATES POSTAL SE	RVICE
Amount (\$) \$1,271.87 Expenditure from corporate funds	Payee address; City; 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the to Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name CURRY, PAT	Office sought Office held State Representative District 56

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 38/42 Rpt: 46/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,291.44 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds 8 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BAUKNIGHT, JEFF State Representative District 30

	<u> </u>
Date	Payee name
02/20/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$1,047.41	470 L'ENFANT PLAZA SW
Expenditure from	STE 604
corporate funds	WASHINGTON, DC 20024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H HICKLAND, HILLARY State Representative District 55
Date	Payee name
02/20/2024	UNITED STATES POSTAL SERVICE
Amount (\$)	Payee address; City; State; Zip Code
\$2,173.55	470 L'ENFANT PLAZA SW
Expenditure from	STE 604
corporate funds	WASHINGTON, DC 20024
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H SHOFNER, JOANNE State Representative District 11

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 39/42 Rpt: 47/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$734.94 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 02/20/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$892.79 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KAMKAR, ALEX State Representative District 29 Date Payee name 01/26/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City; State; Zip Code

Forms provided by Texas Ethics Commission

\$1,625.70

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

470 L'ENFANT PLAZA SW

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

DEAYALA, MANO

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

STE 604

www.ethics.state.tx.us

Office sought

(b) Description

State Representative District 133

MAILER POSTAGE

Check if travel outside of Texas. Complete Schedule T.

Office held

Version V4.1.0.e4187d4a

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 40/42 Rpt: 48/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$4,083.86 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH TROXCLAIR, ELLEN State Representative District 19 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,024.95 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 41/42 Rpt: 49/50 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,171.31 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LEACH, JEFF State Representative District 67 Date Payee name 01/31/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,587.42 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE**

MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH NOBLE, CANDY State Representative District 89 Date Payee name 02/02/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City; State; Zip Code \$1,625.70 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 42/42 Rpt: 50/50 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 02/09/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,625.70 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133 Date Payee name 02/16/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; City; State; Zip Code \$1,625.70 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DEAYALA, MANO State Representative District 133