FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	olete this form.	1 Filer ID (Ethics Commission F 00088746	Filers)	2 Total pages file	d:
3 FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
	NICKNAME	LAST Americans Uni	ted For Values	SUFFIX	Date Received ELECTRONICAI 05/20/2024	LLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1	
Change of Address	P.O. BOX 90891 WASHINGTON, DC 200	200			Date Hand-delivered or [
5 FILER PHONE			EXTENSION		Receipt #	Amount
	(804) 591-0050	JNE NOWBER E	EXTENSION		Date Processed	1
6 REPORT TYPE	January 15 July 15		th day before election		Date Imaged	
			noff			
7 PERIOD COVERED	Month Day Yea 05/08/2024		IROUGH	Month Day 05/18/2024	Year 4	
8 ELECTION	ELECTION DATE Month Day Yea 05/28/2024		rimary X	ELECTION T	YPE Other	
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
(Attach lists on plain paper to complete this report if		B. Opposed Je	ff Bauknight State	e Representative		
necessary.)	Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
	•	•				
		GO 1	O PAGE 2			

FORM DCE COVER SHEET PG 2

10 F	FILER NAME			11 Filer ID	(Ethics Commission Filers)
A	Americans United For \	/alues		00088746	
	EXPENDITURE TOTALS	1. TOTAL UNITEMI	IZED POLITICAL EXPENDITURES	\$	0.00
		2. TOTAL POLIT	ICAL EXPENDITURES	\$	218,686.38
13 A	FFIDAVIT	<u></u>			
			I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.	of perjury, that the ac information required	ccompanying report is to be reported by me
			Sig	gnature of Filer	
			Signature of individual wit	or th authority to sign or	n behalf of entity
				f Filer is an entity)	. sonair or onary
				,,	
	AFFIX NOTARY STAMP	/ SEAL ABOVE			
	Sworn to and subscribed	before me, by the sai	id	, this the	day
	of	_, 20, to cer	rtify which, witness my hand and seal of office.		
	Signature of officer ad	ministering oath	Printed name of officer administering oath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 9

Americans United For Values 12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed Stephanie Klick State Representations report if necessary.) 2. Measures (describe by date and	11 Filer ID (Ethics Commission Filers) 00088746
1. Candidates ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 1. Candidates (identify by name or, if applicable, classify by party) B. Opposed Stephanie Klick State Representations of the state	00088746
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) B. Opposed Stephanie Klick State Representation Stephanie Klick State Representation A. Supported A. Supported	
paper to complete this report if necessary.) 2. Measures (describe by date and	
(describe by date and	ative
location of election and nature of issue)	
B. Opposed	
3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
12 COMMITTEE 1. Candidates A. Supported	
ACTIVITY (identify by name or, if applicable, classify by party)	
(Attach lists on plain paper to complete this report if necessary.) B. Opposed John McQueeney State Represe	ntative
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)	
1. Candidates ACTIVITY 1. Candidates (identify by name or, if applicable, classify by party) A. Supported David Covey State Representative David Covey State Repres	/e
(Attach lists on plain paper to complete this report if necessary.) B. Opposed	
2. Measures (describe by date and location of election and nature of issue) A. Supported	
B. Opposed	
3. Officeholders Assisted	
(identify by name or, if applicable, classify by party)	

FORM DCE ADDENDUM

Page 4 of 9

Americans United For Values 00088746							Fage 4 01 9
COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) 3. Officeholders Assisted A. Supported Chris Spencer State Representative Chris Spencer State Representative A. Supported B. Opposed B. Opposed B. Opposed	0 FILER NAME						(Ethics Commission Filers)
ACTIVITY (Attach lists on plain paper to complete this report if necessary.) 2. Measures (describe by date and location of election and nature of issue) B. Opposed A. Supported B. Opposed A. Supported B. Opposed 3. Officeholders Assisted	Americans United For \	Values				00088746	
report if necessary.) 2. Measures (describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted	2 COMMITTEE ACTIVITY		A. Supported	Chris Spencer	State Represent	tative	
(describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
(describe by date and location of election and nature of issue) B. Opposed 3. Officeholders Assisted		2 Manauran	A Cupported				
B. Opposed 3. Officeholders Assisted		(describe by date and location of election and	A. Supported				
Assisted		,	B. Opposed				
Assisted							
applicable, classify by party)		Assisted					
		applicable, classify by party)					

(SUB	3TC	OTALS - DCE		FORM DCE
				C	OVER SHEET PG 3 5 of 9
	FILER I		IE s United For Values	15 Filer ID 00088746	(Ethics Commission Filers)
			E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1	L. X		SCHEDULE F1: POLITICAL EXPENDITURES		\$ 218,686.38
2	2.]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
3	3.]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Git/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	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/4 Rpt: 6/9	Americans United For Values 00088746
4 Date	5 Payee name
05/10/2024	Remington Research Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$5,309.92	800 W 47TH ST
Expenditure from	STE 200
corporate funds	KANSAS CITY, MO 64112
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.
	Text Messaging supporting Chris Spencer for TXHD01
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Spencer, Chris State Representative District 01
Date	Payee name
05/10/2024	Remington Research Group
Amount (\$)	Payee address; City; State; Zip Code
\$2,555.84	800 W 47TH ST
Expenditure from	STE 200
corporate funds	KANSAS CITY, MO 64112
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.
	Text Messaging supporting David Covey for TXHD21
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Covey, David State Representative District 21
Date	Payee name
05/10/2024	The Stone Ridge Group
Amount (\$)	Payee address; City; State; Zip Code
\$50,904.00	960 N Point Parkway
Expenditure from	Suite 225
corporate funds	Alpharetta, GA 30005
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Direct Mail opposing Jeff Bauknight for TXHD30
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Bauknight, Jeff State Representative District 30

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Candidate/Officeholder/Politica Credit Card Payment	d Committee Leg	gal Services ne Instruction Guide expl		Wages/Contract Labor		OTHER (enter a	category not listed above)
1 Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
Sch: 2/4 Rpt: 7/9		ited For Values				00088746	
4 Date	5 Payee name						
05/10/2024	The Stone Rid	ge Group					
6 Amount (\$)	7 Payee address;	City; S	State; Zip Co	ode			
\$54,077.00	960 N Point Pa	arkway					
- Evanditure from	Suite 225						
Expenditure from corporate funds	Alpharetta, GA	30005					
8 PURPOSE OF	(a) Category (See C	Categories listed at the top of the	his schedule)	(b) Description			
EXPENDITURE	Advertising Ex	pense		Check if tra	avel outs	side of Texas. Com	plete Schedule T.
				Direct Mail	l oppo	osing Stepha	nie Klick for TXHD91
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officer Klick, Stephanie		Office sou State Re	ught epresentative Di	istrict	Office he	eld
Data					-		
Date 05/10/2024	Payee name	les Croup					
	The Stone Rid						
Amount (\$)	Payee address;	· · · · · · · · · · · · · · · · · · ·	State; Zip Co	ode			
\$63,669.00	960 N Point Pa	arkway					
Expenditure from	Suite 225						
corporate funds	Alpharetta, GA	· 30005					
PURPOSE OF		Categories listed at the top of th	his schedule)	(b) Description		: of Toyon Com	-l-t- Cabadula T
EXPENDITURE	Advertising Ex	pense		Спеск и из	avel outs	side of Texas. Com	plete Schedule 1.
				Direct Mail	l oppo	osing John M	IcQueeney for TXHD97
Complete ONLY if direct	Candidate/Office	nolder name	Office sou	ught		Office he	eld
expenditure to benefit C/OF	H McQueeney, Jo	hn	Secretar	y of State Distri	ict 97		
Date	Payee name						
05/10/2024	The Stone Rid	ge Group					
Amount (\$)	Payee address;	City;	State; Zip Co	ode			
\$7,112.40	960 N Point Pa	arkway					
E	Suite 225						
Expenditure from corporate funds	Alpharetta, GA	30005					
PURPOSE	(a) Category (See C	Categories listed at the top of th	his schedule)	(b) Description			
OF EXPENDITURE	Advertising Ex	.pense		Check if tra	avel outs	side of Texas. Com	plete Schedule T.
				Text Mess	aging	opposing Je	eff Bauknight for TXHD30
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office		Office sou	•		Office he	eld
experialitate to bettern 5.5.	Bauknight, Jeff		State Re	epresentative Di	istrict	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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 3/4 Rpt: 8/9	Americans United For Values 00088746
4 Date	5 Payee name
05/10/2024	The Stone Ridge Group
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$6,811.25	960 N Point Parkway
Ψ0,011.20	Suite 225
Expenditure from	
corporate funds	Alpharetta, GA 30005
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	
	Text Messaging opposing Stephanie Klick for TXHD91
	IVIIDAT
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Klick, Stephanie State Representative District 91
Date	Payee name
05/10/2024	The Stone Ridge Group
Amount (\$)	Payee address; City; State; Zip Code
\$8,162.63	960 N Point Parkway
Expenditure from	Suite 225
corporate funds	Alpharetta, GA 30005
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Advisioning Expenses
	Text Messaging opposing John McQueeney for
	TXHD97
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	McQueeney, John State Representative District 97
Data	
Date	Payee name
05/10/2024	The Stone Ridge Group
Amount (\$)	Payee address; City; State; Zip Code
\$10,042.17	960 N Point Parkway
	Suite 225
Expenditure from corporate funds	Alpharetta, GA 30005
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Direct Mail opposing John McQueeney for TXHD97
	2.1001 9FF9
Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	McQueeney, John State Representative District 97

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) 00088746 Sch: 4/4 Rpt: 9/9 Americans United For Values 4 Date Payee name 05/10/2024 The Stone Ridge Group 6 Amount (\$) Payee address; State; Zip Code \$10,042.17 960 N Point Parkway Suite 225 Expenditure from Alpharetta, GA 30005 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** Direct Mail opposing Stephanie Klick for TXHD91 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Klick, Stephanie State Representative District 91