

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

**FORM DCE**  
**COVER SHEET PG 1**

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00088746	<b>2</b> Total pages filed: 9	
<b>3</b> FILER NAME	MS / MRS / MR                      FIRST    MI	<b>OFFICE USE ONLY</b>		
	NICKNAME    LAST    SUFFIX Americans United For Values			
<b>4</b> FILER ADDRESS	ADDRESS / PO BOX;    APT / SUITE #;    CITY;                      STATE;                      ZIP CODE P.O. BOX 90891  WASHINGTON, DC 20090			Date Received <b>ELECTRONICALLY FILED</b> 05/20/2024
<input type="checkbox"/> Change of Address				Date Hand-delivered or Date Postmarked
				Receipt #                      Amount
<b>5</b> FILER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION (804) 591-0050	Date Processed		
<b>6</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election	Date Imaged		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
<b>7</b> PERIOD COVERED	Month    Day                      Year    Month    Day                      Year 05/08/2024    THROUGH    05/18/2024			
<b>8</b> ELECTION	ELECTION DATE Month    Day                      Year 05/28/2024	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>9</b> FILER ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)	A. Supported		
		B. Opposed    Jeff Bauknicht    State Representative		
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported		
	B. Opposed			
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)			
<b>GO TO PAGE 2</b>				

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Americans United For Values		<b>11 Filer ID</b> (Ethics Commission Filers) 00088746
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 218,686.38

**13 AFFIDAVIT**

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

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

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 3 of 9

<b>10 FILER NAME</b> Americans United For Values		<b>11 Filer ID</b> (Ethics Commission Filers) 00088746
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported  B. Opposed    Stephanie Klick    State Representative
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported  B. Opposed    John McQueeney    State Representative
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported    David Covey    State Representative  B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported  B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 4 of 9

<b>10 FILER NAME</b> Americans United For Values		<b>11 Filer ID</b> (Ethics Commission Filers) 00088746
<b>12 COMMITTEE ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (identify by name or, if applicable, classify by party)	A. Supported Chris Spencer State Representative
		B. Opposed
	<b>2. Measures</b> (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	<b>3. Officeholders Assisted</b> (identify by name or, if applicable, classify by party)	

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
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<b>14 FILER NAME</b> Americans United For Values		<b>15 Filer ID</b> (Ethics Commission Filers) 00088746
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 218,686.38
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/4 Rpt: 6/9	<b>2</b> FILER NAME Americans United For Values	<b>3</b> Filer ID (Ethics Commission Filers) 00088746
<b>4</b> Date 05/10/2024	<b>5</b> Payee name Remington Research Group	
<b>6</b> Amount (\$) \$5,309.92  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text Messaging supporting Chris Spencer for TXHD01
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Spencer, Chris Office sought: State Representative District 01 Office held:	
Date 05/10/2024	Payee name Remington Research Group	
Amount (\$) \$2,555.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 800 W 47TH ST STE 200 KANSAS CITY, MO 64112	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text Messaging supporting David Covey for TXHD21
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Covey, David Office sought: State Representative District 21 Office held:	
Date 05/10/2024	Payee name The Stone Ridge Group	
Amount (\$) \$50,904.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Direct Mail opposing Jeff Bauknight for TXHD30
	<b>9</b> Complete ONLY if direct expenditure to benefit C/OH Candidate/Officeholder name: Bauknight, Jeff Office sought: State Representative District 30 Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 7/9	<b>2</b> FILER NAME Americans United For Values	<b>3</b> Filer ID (Ethics Commission Filers) 00088746
<b>4</b> Date 05/10/2024	<b>5</b> Payee name The Stone Ridge Group	
<b>6</b> Amount (\$) \$54,077.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Direct Mail opposing Stephanie Klick for TXHD91
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klick, Stephanie	Office sought Office held State Representative District 91
Date 05/10/2024	Payee name The Stone Ridge Group	
Amount (\$) \$63,669.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Direct Mail opposing John McQueeney for TXHD97
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McQueeney, John	Office sought Office held Secretary of State District 97
Date 05/10/2024	Payee name The Stone Ridge Group	
Amount (\$) \$7,112.40  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text Messaging opposing Jeff Bauknight for TXHD30
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Bauknight, Jeff	Office sought Office held State Representative District 30

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 8/9	<b>2</b> FILER NAME Americans United For Values	<b>3</b> Filer ID (Ethics Commission Filers) 00088746
<b>4</b> Date 05/10/2024	<b>5</b> Payee name The Stone Ridge Group	
<b>6</b> Amount (\$) \$6,811.25  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text Messaging opposing Stephanie Klick for TXHD91
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Klick, Stephanie	Office sought Office held State Representative District 91
Date 05/10/2024	Payee name The Stone Ridge Group	
Amount (\$) \$8,162.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Text Messaging opposing John McQueeney for TXHD97
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McQueeney, John	Office sought Office held State Representative District 97
Date 05/10/2024	Payee name The Stone Ridge Group	
Amount (\$) \$10,042.17  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Direct Mail opposing John McQueeney for TXHD97
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name McQueeney, John	Office sought Office held State Representative District 97



# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 9/9	<b>2</b> FILER NAME Americans United For Values	<b>3</b> Filer ID (Ethics Commission Filers) 00088746
<b>4</b> Date 05/10/2024	<b>5</b> Payee name The Stone Ridge Group	
<b>6</b> Amount (\$) \$10,042.17  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  Direct Mail opposing Stephanie Klick for TXHD91
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klick, Stephanie	Office sought State Representative District 91