#### FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00084624 3 COMMITTEE NAME **OFFICE USE ONLY** Make Liberty Win Date Received **ELECTRONICALLY FILED** 07/15/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 441 North Lee Street Date Hand-delivered or Date Postmarked Suite 100 Change of Address Alexandria, VA 22314 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Elizabeth NAME NICKNAME LAST **SUFFIX** Curtis STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 441 North Lee St. STREET **ADDRESS** Suite 100 (Residence or Business) Alexandria, VA 22314 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 441 North Lee St. MAILING **ADDRESS** Ste. 100 Alexandria, VA 22314 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (703) 672-3794 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 02/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other X Runoff 05/28/2024 General Special **GO TO PAGE 2**

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Make Liberty Win			00084624	
14 COMMITTEE ACTIVITY	Candidates  (Identify by name or, if applicable, classify by party.)	A. Supported		
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed Gary VanDeaver State Repre	sentative	
	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.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICAL (OTHER THAN PLE	IL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	30,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	82,373.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	9,588.79
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF TREPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	•			
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
		Elizabe	eth Curtis	
		Signature of Ca	mpaign Treasu	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	d before me, by the said	, ti	his the	day
		which, witness my hand and seal of office.		
Signature of officer ac	dministering oath	Printed name of officer administering oath	Title of office	cer administering oath

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 3 of 38

							rage 3 01 30
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Make Liberty Win					00084624	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Justin Holland	State Representa	ative	
		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	John Kuempel	State Represent	ative	
		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.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	DeWayne Burn	s State Represe	entative	
		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.)					

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 4 of 38

							raye 4 01 30
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Make Liberty Win					00084624	
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		•		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Frederick Frazier State	Represe	ntative	
		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Dade Phelan State Rep	presentati	ive	
		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.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Ellen Troxclair State R	epresent	ative	
		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.)					_

## GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

## FORM GPAC ADDENDUM

Page 5 of 38

							rage 3 01 30
12	COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
	Make Liberty Win					00084624	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported		•		
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Lynn Stucky S	State Representati	ve	
		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.)					
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Glenn Rogers	State Representa	ative	
		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.)					
	COMMITTEE ACTIVITY	Candidates     (Identify by name or, if applicable, classify by party.)	A. Supported				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed	Kronda Thimes	sch State Represe	entative	
		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.)					

### **GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE**

### FORM GPAC **ADDENDUM**

						Page 6 of 38
12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Make Liberty Win					00084624	1
14 COMMITTEE ACTIVITY  (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)		David Lowe St	ate Representati	ve	
report if necessary.)	2. Measures	A. Supported				
	(Describe by date and location of election and nature of issue.)					
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE	1. Candidates		Shelley Luther	State Represent	ativo	
ACTIVITY	(Identify by name or, if applicable, classify by party.)		Shelley Lutilei	State Represent	auve	
(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.)					

### **SUBTOTALS - GPAC**

## FORM GPAC COVER SHEET PG 3

				J V L I N	7 of 38
		EE NAME erty Win	<b>18</b> Filer ID 00084624	(Ethics	Commission Filers)
		E SUBTOTALS SCHEDULE	SI	JBTOTAL AMOUNT	
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	30,000.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	82,373.05
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	12,083.00

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: Sch: 1/1 Rpt: 8/38  2 FILER NAME Make Liberty Win  4 Date 02/29/2024  6 Contributor Make Liberty Win (federal) 6 Contributor address: City: State; Zip Code Alexandria, VA 22314  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	SCHEDULE A1	SCH		UTIONS	AL CONTRIB	ARY POLITIC	MONET	
Make Liberty Win  Date O2/29/2024  Full name of contributor in out-of-state PAC (ID#: 00731133 in out-of-state PAC (ID#:			The Instruction Guide explains how to complete this form.					
02/29/2024 Make Liberty Win (federal)  6 Contributor address; City; State; Zip Code  Alexandria, VA 22314	s Commission Filers)							
	tribution (\$) \$30,000.00	7 Amount of Contribution		Date 5 Full name of contributor X out-of-state PAC (ID#: 00731133 )  02/29/2024 Make Liberty Win (federal)				
			r (See Instructions)	9 Employ			Principal occu	8

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 1/29 Rpt: 9/38	Make Liberty Win 00084624
·	
4 Date	5 Payee name
02/27/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$362.70	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Lynn Stucky (HD-64)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
02/27/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$542.05	PO Box 257
φ342.03	FO BOX 231
Expenditure from	
corporate funds	Brooklyn, IA 52211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting Opposing Glenn Rogers (HD-60)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/O	
Date	Payee name
02/27/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$151.80	PO Box 257
,	
Expenditure from corporate funds	Brooklyn, IA 52211
	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contrac	· · · · · · · · · · · · · · · · · · ·
-	The Instruction Guide explains how to complete this	form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 2/29 Rpt: 10/38	Make Liberty Win	00084624
4 Date	5 Payee name	·
02/28/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$1,182.00	PO Box 257	
<b>\$1,102.00</b>	1 0 Box 201	
Expenditure from corporate funds	Brooklyn, IA 52211	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ription
OF EXPENDITURE	/ Advertising Expense	eck if travel outside of Texas. Complete Schedule T.
	I — I — I — I	eck if Austin, TX, officeholder living expense
		: Phone Calls osing Lynn Stucky (HD-64)
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$1,677.75	PO Box 257	
Expenditure from		
corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	iption
OF EXPENDITURE		eck if travel outside of Texas. Complete Schedule T.
EXPENDITORE	☐ Ch	eck if Austin, TX, officeholder living expense
		: P2P Texting
	Оррс	osing Glenn Rogers (HD-60)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought H	Office held
Date	Payee name	
02/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code PO Box 257	
\$1,478.25	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
OF EXPENDITURE	_	eck if travel outside of Texas. Complete Schedule T.
EAPENDITUKE	Ch	eck if Austin, TX, officeholder living expense
		: Phone Calls
	Оррс	osing Kronda Thimesch (HD-65)
Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
expenditure to benefit C/OI	Н	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 3/29 Rpt: 11/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/28/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,477.50	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Phone Calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	the state of the s
	Edition, Shelicy State Representative district of
Date	Payee name
02/28/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$1,530.75	PO Box 257
Expenditure from	Proofdyn IA 52211
corporate funds	Brooklyn, IA 52211
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.  Check if Austin, TX, officeholder living expense
	Phone Calls
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Lowe, David State Representative District 91
Date	Payee name
02/29/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$529.04	PO Box 257
Ψ323.04	1 0 500 237
Expenditure from corporate funds	Brooklyn, IA 52211
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.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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

Candidate/Officeholder/Politica Credit Card Payment	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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 4/29 Rpt: 12/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/29/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,677.00	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<del></del>
Date	Payee name
02/29/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$1,477.50	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Kronda Thimesch (HD-65)
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/29/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$353.86	PO Box 257
Expenditure from	
corporate funds	Brooklyn, IA 52211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
LAI LIBITOIL	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting Opposing Lynn Stucky (HD-64)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experience to belief 6/01	•

#### 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 (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
Sch: 5/29 Rpt: 13/38	Make Liberty Win	00084624
4 Date	5 Payee name	
02/29/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	9
\$1,180.50	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
8 PURPOSE OF	, , ,	Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DCE: P2P Texting
		Opposing Lynn Stucky (HD-64)
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	office held
Date	Payee name	
03/04/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	9
\$100.00	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  DCE: Phone Calls
		Opposing Glenn Rogers (HD-60)
Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/Ol		it Office field
Date	Payee name	
03/04/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	2
\$268.43	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		DCE: P2P Texting Opposing Glenn Rogers (HD-60)
0 1 0 0 1 0 1		
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	nt Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/29 Rpt: 14/38	Make Liberty Win 00084624
4 Date	5 Payee name
03/05/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$268.43	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
03/05/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls Opposing Glenn Rogers (HD-60)
	Opposing Gienn Rogers (112-00)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$268.43	PO Box 257
Expenditure from	
corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting Opposing Glenn Rogers (HD-60)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/OI	<u> </u>

#### 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

Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch: 7/29 Rpt: 15/38	Make Liberty Win 00084624	
4 Date	5 Payee name	
03/05/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$100.00	PO Box 257	
Evpanditure from		
Expenditure from corporate funds	Brooklyn, IA 52211	
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.	
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls	
	Opposing Glenn Rogers (HD-60)	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
Date	Payee name	
05/27/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$341.52	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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.	
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls	
	Opposing Gary VanDeaver (HD-1)	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/OI		
Date	Payee name	_
05/27/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	-
\$341.52	PO Box 257	
Φ341.32	10 000 237	
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
LAI LINDITORE	Check if Austin, TX, officeholder living expense	
	DCE: Phone Calls Opposing Gary VanDeaver (HD-1)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
		4

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense 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: 8/29 Rpt: 16/38	Make Liberty Win 00084624	
4 Date	5 Payee name	
05/27/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$341.52	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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.  Check if Austin, TX, officeholder living expense	
	DCE: Phone Calls	
	Opposing Gary VanDeaver (HD-1)	
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/27/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	PO Box 257	
Expenditure from		
corporate funds	Brooklyn, IA 52211	
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.  Check if Austin, TX, officeholder living expense	
	DCE: Phone Calls	
	Opposing Dade Phelan (HD-21)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Date	Payee name	
05/27/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$300.00	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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.  Check if Austin, TX, officeholder living expense	
	DCE: Phone Calls	
	Opposing Dade Phelan (HD-21)	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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
TTHER (order a cotogony pet listed above)

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 9/29 Rpt: 17/38	Make Liberty Win 00084624
4 Date	5 Payee name
05/27/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$300.00	PO Box 257
— Foresedit ve from	
Expenditure from corporate funds	Brooklyn, IA 52211
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.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Dade Phelan (HD-21)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Davies same
05/27/2024	Payee name  CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$202.80	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls
	Opposing Frederick Frazier (HD-61)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/27/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$202.80	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls
	Opposing Frederick Frazier (HD-61)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/29 Rpt: 18/38	Make Liberty Win 00084624
4 Date	5 Payee name
05/27/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$202.80	PO Box 257
— Foresedit ve from	
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls
	Opposing Frederick Frazier (HD-61)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/28/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$637.84	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Gary VanDeaver (HD-1)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
05/28/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$637.84	PO Box 257
Expenditure from	Dreadily 14 F2211
corporate funds	Brooklyn, IA 52211
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Gary VanDeaver (HD-1)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1. Total pages Cabadula 51:		
1 Total pages Schedule F1:		
Sch: 11/29 Rpt: 19/38	Make Liberty Win 00084624	
4 Date	5 Payee name	
05/28/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	_
\$637.84	PO Box 257	
,,,,,,,		
Expenditure from	Drookhya IA 50011	
corporate funds	Brooklyn, IA 52211	
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.	
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting	
	Opposing Gary VanDeaver (HD-1)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to belieff C/OI		
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	_
\$619.04	PO Box 257	
Ψ010.04		
Expenditure from	Drookhya IA 50011	
corporate funds	Brooklyn, IA 52211	
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.	
-	Check if Austin, TX, officeholder living expense  DCE: P2P Texting	
	DCE: P2P Texting   Opposing Dade Phelan (HD-21)	
		_
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
SAPORARIO TO BOTTON O/OI		
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	_
\$619.04	PO Box 257	
\$010.04		
Expenditure from	Drookhya IA 50011	
corporate funds	Brooklyn, IA 52211	
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.	
	Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting Opposing Dade Phelan (HD-21)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experiorare to benefit C/OI	···	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed a	bove)
•	The Instruction Guide explains how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commiss	sion Filers)
Sch: 12/29 Rpt: 20/38	Make Liberty Win 00084624	
4 Date	5 Payee name	
05/28/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$619.04	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
8 PURPOSE		
OF	The state of the s	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting	
	Opposing Dade Phelan (HD-21)	
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	DH	
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$620.16	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	
EXI ENDITORE	Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting Opposing Justin Holland (HD-33)	ĺ
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
experience to serious ever		
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$620.16	PO Box 257	
- "		
Expenditure from corporate funds	Brooklyn, IA 52211	
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
OF	Advertising Expense	
EXPENDITURE	Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting Opposing Justin Holland (HD 22)	
	Opposing Justin Holland (HD-33)	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OI	Jn	
İ		

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

imbursement Solicitation/Fundraising Expense

ttal Expense Transportation Equipment & Related Expense

Travel in District

Travel Out of District

OTHER (enter a category not listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1 Total pages Schedule F1:		_
Sch: 13/29 Rpt: 21/38	Make Liberty Win 00084624	
•	l l	
4 Date	5 Payee name	
05/28/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$620.16	PO Box 257	
Expenditure from	Brooklyn, IA 52211	
corporate funds	·	
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.  Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting	
	Opposing Justin Holland (HD-33)	
Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
,		
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$581.12	PO Box 257	
Expenditure from	Brooklyn, IA 52211	
corporate funds	·	_
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.  Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting	
	Opposing John Kuempel (HD-44)	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O		
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Code	
\$581.12	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
•	·	_
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
	DCE: P2P Texting	
	Opposing John Kuempel (HD-44)	
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
expenditure to benefit C/O	•	
		_
		_

#### 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 con	nplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 14/29 Rpt: 22/38	Make Liberty Win	00084624
4 Date	5 Payee name	
05/28/2024	CampaignHQ	
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$581.12	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
8 PURPOSE OF	, , ,	(b) Description
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		DCE: P2P Texting
		Opposing John Kuempel (HD-44)
9 Complete ONLY if direct	Candidate/Officeholder name Office souc	aht Office held
expenditure to benefit C/OI		grit Office field
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$733.44	PO Box 257	
Expenditure from corporate funds	Brooklyn, IA 52211	
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.
EXPENDITURE		Check if Austin, TX, officeholder living expense
		DCE: P2P Texting Opposing DoWayno Purps (HD 59)
		Opposing DeWayne Burns (HD-58)
Complete ONLY if direct	Candidate/Officeholder name Office soug	ght Office held
expenditure to benefit C/OI	1	
Date	Payee name	
05/28/2024	CampaignHQ	
Amount (\$)	Payee address; City; State; Zip Coo	de
\$733.44	PO Box 257	
,		
Expenditure from corporate funds	Brooklyn, IA 52211	
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		Check if Austin, TX, officeholder living expense
		DCE: P2P Texting
		Opposing DeWayne Burns (HD-58)
Complete ONLY if direct	Candidate/Officeholder name Office sough	ght Office held
expenditure to benefit C/OI	1	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

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

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

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 15/29 Rpt: 23/38	Make Liberty Win 00084624
4 Date	5 Payee name
05/28/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$733.44	PO Box 257
— Foreseditors from	
Expenditure from corporate funds	Brooklyn, IA 52211
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.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing DeWayne Burns (HD-58)
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/28/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$467.84	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Frederick Frazier (HD-61)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
05/28/2024	CampaignHQ
Amount (\$)	Payee address; City; State; Zip Code
\$467.84	PO Box 257
Expenditure from corporate funds	Brooklyn, IA 52211
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	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting Opposing Frederick Frazier (HD-61)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 16/29 Rpt: 24/38	Make Liberty Win 00084624
4 Date	5 Payee name
05/28/2024	CampaignHQ
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$467.84	PO Box 257
Expenditure from	
corporate funds	Brooklyn, IA 52211
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting Opposing Frederick Frazier (HD-61)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experialitire to beliefit C/O	
Date	Payee name
06/12/2024	PAC Management Services, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$410.00	441 North Lee Street
	Suite 100
Expenditure from corporate funds	Alexandria, VA 22314
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Consulting Expense  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Voter Outreach Program Management Fee
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
03/29/2024	PAC Management Services, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,152.50	441 North Lee Street
Ψ2,132.30	
Expenditure from	Suite 100
corporate funds	Alexandria, VA 22314
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.
	Check if Austin, TX, officeholder living expense  DCE Direct Mail: Design/Printing/Postage
	Opposing Ellen Troxclair (HD-19)
Complete ONLY if direct	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	<b>o</b>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d 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: 17/29 Rpt: 25/38	Make Liberty Win 00084624
4 Date	5 Payee name
03/29/2024	PAC Management Services, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,152.50	441 North Lee Street
42,102.00	Suite 100
Expenditure from	
corporate funds	Alexandria, VA 22314
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.
	Check if Austin, TX, officeholder living expense  DCE Direct Mail: Design/Printing/Postage
	Opposing Lynn Stucky (HD-64)
O Committee Chillians	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/29/2024	PAC Management Services, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,152.50	441 North Lee Street
	Suite 100
Expenditure from	
corporate funds	Alexandria, VA 22314
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.  Check if Austin, TX, officeholder living expense
	DCE Direct Mail: Design/Printing/Postage
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
·	
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,994.60	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	• • • • • • • • • • • • • • • • • • •

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4. Total manage Coloradula 54	· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	
Sch: 18/29 Rpt: 26/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/27/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$690.80	18079 Brick Mill Run
, , , , , ,	
Expenditure from	Strongovillo, OLI 44126
corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
SAPORANCIO TO DOTTONE O/OI	
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$666.12	18079 Brick Mill Run
4000.12	20010 Briok Hilli Mari
Expenditure from	Character illa OLL 4440C
corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Operation ONLY if allowed	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,643.60	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
•	-
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.  Check if Austin, TX, officeholder living expense
	Phone Calls
	Thomas dans
Complete CNII V if divers	Candidate/Officeholder name Office cought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	Luther, Shelley State Representative District 62

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	·
Sch: 19/29 Rpt: 27/38	Make Liberty Win  O0084624
4 Date	5 Payee name
02/27/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,643.60	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
·	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Phone Calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
	Latio, Trailey State Representative District 02
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,110.80	18079 Brick Mill Run
, -,	
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	
OF OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Lynn Stucky (HD-64)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
experiditure to beliefit C/OI	
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$907.62	18079 Brick Mill Run
ψ901.02	10010 Briok Willi Puti
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	Tax.
OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Lynn Stucky (HD-64)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
4 Tatal manua Cabadula Edu	
1 Total pages Schedule F1:	
Sch: 20/29 Rpt: 28/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/27/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$878.22	18079 Brick Mill Run
Ψ010.22	10073 Brick Willi Kuri
Expenditure from	
corporate funds	Strongsville, OH 44136
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXPENDITORE	Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Lynn Stucky (HD-64)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
	, and the second
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,640.00	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Kronda Thimesch (HD-65)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>o</b>
·	
Date	Payee name
02/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,737.80	18079 Brick Mill Run
. ,	
Expenditure from	Strongsvilla, OH 44126
corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense
	Phone Calls
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	Lowe, David State Representative District 91

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
<b>4 T</b> . 1	
1 Total pages Schedule F1:	
Sch: 21/29 Rpt: 29/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/27/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,737.80	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Phone Calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Lowe, David State Representative District 91
Date	Payee name
02/28/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,640.60	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls Opposing Kronda Thimesch (HD-65)
Complete ONLY if direct	
expenditure to benefit C/O	
Dete	
Date	Payee name
02/28/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,643.60	18079 Brick Mill Run
Evponditure from	
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
Di Libilone	Check if Austin, TX, officeholder living expense
	Phone Calls
Complete CAU V if direct	Condidate/Officeholder name Office cought
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Luther, Shelley State Representative District 62
•	Luther, Shelley State Representative District 62

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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: 22/29 Rpt: 30/38	Make Liberty Win 00084624
4 Date	5 Payee name
02/28/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,737.80	18079 Brick Mill Run
- "	
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  Phone Calls
	Fliolie Calls
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
	Lowe, David State Representative District 31
Date	Payee name
02/28/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,994.60	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/61	
Date	Payee name
02/28/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$2,110.80	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls
	Opposing Lynn Stucky (HD-64)
Complete ONLY if direct	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
,	

#### SCHEDULE F1

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 23/29 Rpt: 31/38		Make Libert	y Win						00084624		
4	Date	5	Payee name					<u> </u>				
	02/29/2024		WAB Holdir	ngs LLC								
6		7	Payee addres		State;	Zip Co	de					
	\$649.32		18079 Brick	Mill Run								
	Expenditure from corporate funds		Strongsville	, OH 44136								
8	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				=			plete Schedule T.	
								DCE: P2P Te		officeholder living	l evhelise	
								Opposing Gle			D-60)	
9	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	0	office sou	aht			Office he	eld	
_	expenditure to benefit C/Oh		Janaidate/OIII	oonoider name			9111			Onice ne		
	Date		Payee name									
L	02/29/2024		WAB Holdir	ngs LLC								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$857.22		18079 Brick	Mill Run								
_	T Evponditure from											
L	Expenditure from corporate funds		Strongsville	, OH 44136								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising					_			plete Schedule T.	
								DCE: P2P Te		officeholder living	expense	
								Opposing Lyr			64)	
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	0	office sou	l ight			Office he	eld	
H	Date	Π	Payee name									
	03/02/2024		WAB Holdir	ngs LLC								
	Amount (\$)	$\vdash$	Payee addres		State:	Zip Co	de					
	\$2,995.20		18079 Brick	•	,	, J						
	,-,-,-,-,-											
	Expenditure from corporate funds		Strongsville	, OH 44136								
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				ш		de of Texas. Com officeholder living	plete Schedule T.	
								DCE: Phone			ј ехрепsе	
								Opposing Gle		-	D-60)	
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		office sou	aht			Office he	eld .	
	expenditure to benefit C/O				O		9111			Omoc ne	<del></del>	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

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: 24/29 Rpt: 32/38	Make Liberty Win    State   Filer ID   (Ethics Continues)
4 Date	5 Payee name
03/02/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,111.40	18079 Brick Mill Run
Expenditure from	Strongovillo OLL 44126
corporate funds	Strongsville, OH 44136
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Lynn Stucky (HD-64)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/02/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
` '	
\$2,640.60	18079 Brick Mill Run
- Consortituos forces	
Expenditure from corporate funds	Strongsville, OH 44136
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.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Kronda Thimesch (HD-65)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	WAB Holdings LLC
Amount (\$)	
\$0.11	18079 Brick Mill Run
Funonditure for "	
Expenditure from corporate funds	Strongsville, OH 44136
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.  Check if Austin, TX, officeholder living expense
	DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Complete ONLY !! -!! !	Condidate/Officeholder name Office accords
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
onpondituro to borioni 0/01	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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: 25/29 Rpt: 33/38	Make Liberty Win 00084624
4 Date	5 Payee name
03/05/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.26	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: Phone Calls
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$323.09	18079 Brick Mill Run
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Operation ONLY if allowed	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$318.89	18079 Brick Mill Run
·	
Expenditure from corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense  DCE: P2P Texting
	Opposing Glenn Rogers (HD-60)
Commission CNU V If allow	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F1: Sch: 26/29 Rpt: 34/38	2 FILER NAME Make Liberty Win  3 Filer ID (Ethics Commission Filers) 00084624
4 Date	5 Payee name
03/05/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$28.98	18079 Brick Mill Run
Expenditure from	Chromosoille Oll 4440C
corporate funds	Strongsville, OH 44136
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.
EXPENDITORE	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$28.45	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Glenn Rogers (HD-60)
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
05/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$275.58	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing Justin Holland (HD-33)
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	<u> </u>

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Candidate/Officeholder/Politica Credit Card Payment		ages/Contract Labor	OTHER (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME	1	3 Filer ID (Ethics Commission F	ilers)
Sch: 27/29 Rpt: 35/38	Make Liberty Win		00084624	ŕ
4 Date	5 Payee name			
05/27/2024	WAB Holdings LLC			
6 Amount (\$)	7 Payee address; City; State; Zip Co	de		
\$275.58	18079 Brick Mill Run			
Expenditure from corporate funds	Strongsville, OH 44136			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		outside of Texas. Complete Schedule T.	
			TX, officeholder living expense	
		DCE: Phone (	calls stin Holland (HD-33)	
		— opposing dus	Min Floridita (FID 00)	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
05/27/2024	WAB Holdings LLC			
Amount (\$)	Payee address; City; State; Zip Co	de		
\$275.58	18079 Brick Mill Run			
Ψ210.00	20070 Briok Willi Pkari			
Expenditure from corporate funds	Strongsville, OH 44136			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	<b>=</b>	outside of Texas. Complete Schedule T.	
EXI ENDITORE		ш	TX, officeholder living expense	
		DCE: Phone (		
		Opposing Jus	tin Holland (HD-33)	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou H	ght	Office held	
Date	Payee name			
05/27/2024	WAB Holdings LLC			
Amount (\$)	Payee address; City; State; Zip Co	de		
` ′	· · · · · ·	ue		
\$256.38	18079 Brick Mill Run			
Expenditure from corporate funds	Strongsville, OH 44136			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Advertising Expense		outside of Texas. Complete Schedule T.	
EXPENDITURE		Check if Austin,	TX, officeholder living expense	
		DCE: Phone (		
		Opposing Joh	nn Kuempel (HD-44)	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held	
expenditure to benefit C/OI	Н			
				i

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	
1 Total pages Schedule F1:	
Sch: 28/29 Rpt: 36/38	Make Liberty Win 00084624
4 Date	5 Payee name
05/27/2024	WAB Holdings LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$256.38	18079 Brick Mill Run
Ψ200.00	10010 Blick Will Pear
Expenditure from	
corporate funds	Strongsville, OH 44136
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing John Kuempel (HD-44)
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	1
Date	Payee name
05/27/2024	,
	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$256.38	18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
PURPOSE	
OF	
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	DCE: Phone Calls
	Opposing John Kuempel (HD-44)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	<b>y</b>
·	
Date	Payee name
05/27/2024	WAB Holdings LLC
Amount (\$)	Payee address; City; State; Zip Code
\$303.84	18079 Brick Mill Run
Expenditure from	Strongovillo, OLL 44126
corporate funds	Strongsville, OH 44136
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.
	Check if Austin, TX, officeholder living expense
	DCE: Phone Calls Opposing DeWayne Burns (HD-58)
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

#### 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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 29/29 Rpt: 37/38	2 FILER NAME Make Liberty Win  3 Filer ID (Ethics Commission Filers) 00084624
4 Date 05/27/2024	5 Payee name WAB Holdings LLC
6 Amount (\$) \$303.84	7 Payee address; City; State; Zip Code 18079 Brick Mill Run
Expenditure from corporate funds	Strongsville, OH 44136
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.  Check if Austin, TX, officeholder living expense  DCE: Phone Calls  Opposing DeWayne Burns (HD-58)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 05/27/2024 Amount (\$)	Payee name WAB Holdings LLC Payee address; City; State; Zip Code
\$303.84  Expenditure from corporate funds	18079 Brick Mill Run Strongsville, OH 44136
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.  Check if Austin, TX, officeholder living expense  DCE: Phone Calls Opposing DeWayne Burns (HD-58)
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 38/38 2 FILER NAME Filer ID (Ethics Commission Filers) Make Liberty Win 00084624 8 Amount (\$) Date 5 Name of person from whom amount is received 04/17/2024 Propellant Media \$12,083.00 6 Address of person from whom amount is received; City; State; Zip Code Atlanta, GA 30318 Purpose for which amount is received Check if political contribution returned to filer Refund of unexpended funds for digital ads & production