# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

# FORM DCE COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Fi 00070190	lers)	2 Total pages filed: 5	
3 FILER NAME MS / MRS / MR FIRST				MI	OFFICE U	SE ONLY
	NICKNAME	LAST Texas Values	Action	SUFFIX	Date Received ELECTRONICAI 07/15/2024	LLY FILED
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE;	ZIP CODE	1	
Change of Address	c/o Jonathan Saenz 1005 Congress Ave., St	e. 830			Date Hand-delivered or [	Date Postmarked
	Austin, TX 78701				Receipt #	Amount
5 FILER PHONE	AREA CODE PHO (512) 478-2220	ONE NUMBER E	EXTENSION		Date Processed	
6 REPORT TYPE	January 15  X July 15	느	th day before election		Date Imaged	
	X July 15		noff			
7 PERIOD COVERED	Month Day Yea 05/19/2024		IROUGH	Month Day 06/30/2024	Year 4	
8 ELECTION	ELECTION DATE Month Day Yea 05/28/2024		rimary X seneral	ELECTION T	YPE Other	
9 FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported M	rs. Cheryl Bean St	ate Representati	ve	
(Attach lists on plain paper to complete this report if		B. Opposed				
necessary.)	Measures     (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	Officeholders     Assisted  (Identify by name or, if applicable, classify by party.)					
GO TO PAGE 2						

## DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

# FORM DCE COVER SHEET PG 2

			11 Filer ID	(Ethics Commission Filers)
Texas Values Action			00070190	
EXPENDITURE TOTALS	1. TOTAL UNITEMI	TOTAL UNITEMIZED POLITICAL EXPENDITURES		0.00
	2. TOTAL POLITI	ICAL EXPENDITURES	\$	9,480.20
AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	/ of perjury, that the ac Il information required	ccompanying report is to be reported by me
			ignature of Filer	
		Signature of individual w	or	a babalf of antity
			if Filer is an entity)	n benan or entity
		( )	,,	
AFFIX NOTARY STAI	MP / SEAL ABOVE			
Comments and authorsity	Uniform man bookha ani	d		
Sworn to and subscrit				
			, this the	day
		utify which, witness my hand and seal of office.	, this the	day
			, this the	day
of	, 20, to cert	tify which, witness my hand and seal of office.		
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## DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

### FORM DCE ADDENDUM

Page 3 of 5

					Fage 3 01 3
10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Texas Values Action				00070190	
12 COMMITTEE ACTIVITY	Candidates     (identify by name or, if applicable, classify by party)	A. Supported Mr. Da	avid Covey State Rep	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures	A. Supported			
	(describe by date and location of election and nature of issue)	, a cappoint			
		B. Opposed			
	3. Officeholders Assisted				
	(identify by name or, if applicable, classify by party)				

,	SUE	3T(	OTALS - DCE		FORM DCE
				CC	OVER SHEET PG 3 4 of 5
	FILER Texas		E ues Action	<b>15</b> Filer ID 00070190	(Ethics Commission Filers)
			SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
-	1.	X	SCHEDULE F1: POLITICAL EXPENDITURES		\$ 9,480.20
2	2.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
	3.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$

#### **POLITICAL EXPENDITURES**

#### SCHEDULE F1

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

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

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

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

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
Sch: 1/1 Rpt: 5/5	Texas Values Action 00070190				
4 Date	5 Payee name				
05/29/2024	Campaign Marketing Strategies				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$3,500.00	1350 Beverly Rd				
	Ste 115-420				
Expenditure from corporate funds	McLean, VA 22201				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
EXPENDITURE	Advertising Expense				
	GOTV calls and texts				
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OI					
Date	Payee name				
05/21/2024	Direct Texas Marketing Group				
Amount (\$)	Payee address; City; State; Zip Code				
\$3,480.00	1260 S Business IH 35				
Ψ5,400.00	1200 3 Business in 33				
Expenditure from corporate funds	New Braunfels, TX 78130				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				
	district mail piece				
	district mail piece				
Complete ONLY if direct Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/OI					
Date	Payee name				
05/21/2024	Direct Texas Marketing Group				
Amount (\$)	Payee address; City; State; Zip Code				
\$2,500.20	1260 S Business IH 35				
Ψ2,300.20	1200 3 Business ii 7 33				
Expenditure from corporate funds	New Braunfels, TX 78130				
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				
	district mail piece				
	district that piece				
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH Covey, David (Mr.)  State Representative District 21					