

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 Filers) 00087678	2 Total pages filed: 23	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/07/2024	
	NICKNAME LAST SUFFIX Americans for Prosperity;			
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1020 LEVEE ST STE 170 DALLAS, TX 75207		Date Hand-delivered or Date Postmarked	
	5 FILER PHONE AREA CODE PHONE NUMBER EXTENSION (703) 989-6167		Receipt # Amount	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		Date Processed	
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		Date Imaged	
7 PERIOD COVERED	Month Day Year 07/01/2024 THROUGH 09/26/2024			
8 ELECTION	ELECTION DATE Month Day Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JOHN LUJAN State Representative	
		B. Opposed		
2. Measures (Describe by date and location of election and nature of issue.)		A. Supported		
	B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
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DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 363,399.41

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

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10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported JANIE LOPEZ State Representative
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
B. Opposed		
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)		
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (identify by name or, if applicable, classify by party)
	B. Opposed	
	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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported CAROLINE HARRIS DAVILA State Representative
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
B. Opposed		
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)		
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)		1. Candidates (identify by name or, if applicable, classify by party)
	B. Opposed	
	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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported MORGAN MEYER State Representative
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	12 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)
B. Opposed		
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)		

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		15 Filer ID (Ethics Commission Filers) 00087678	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	363,399.41
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00

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.

1 Total pages Schedule F1: Sch: 1/17 Rpt: 7/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/16/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$2,395.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 08/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$3,593.56 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52
Date 08/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$1,197.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 2/17 Rpt: 8/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/01/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$2,410.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 09/01/2024	Payee name Americans for Prosperity	
Amount (\$) \$3,616.34 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63
Date 09/01/2024	Payee name Americans for Prosperity	
Amount (\$) \$2,410.90 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70

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.

1 Total pages Schedule F1: Sch: 3/17 Rpt: 9/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/01/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$2,410.90 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 09/01/2024	Payee name Americans for Prosperity	
Amount (\$) \$1,205.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$4,836.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27

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.

1 Total pages Schedule F1: Sch: 4/17 Rpt: 10/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/16/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$4,836.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$14,510.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$18,138.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52

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.

1 Total pages Schedule F1: Sch: 5/17 Rpt: 11/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/16/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$7,255.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$12,092.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$14,510.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: Sch: 6/17 Rpt: 12/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/16/2024	5 Payee name Americans for Prosperity	
6 Amount (\$) \$4,836.98 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
Date 09/16/2024	Payee name Americans for Prosperity	
Amount (\$) \$6,046.23 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name CHEN BUTTON, ANGIE	Office sought State Representative District 112
Date 09/16/2024	Payee name CANVASS AMERICA	
Amount (\$) \$8,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52

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.

1 Total pages Schedule F1: Sch: 7/17 Rpt: 13/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/01/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$8,940.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52 Office held
Date 09/01/2024	Payee name CANVASS AMERICA	
Amount (\$) \$8,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63 Office held
Date 09/01/2024	Payee name CANVASS AMERICA	
Amount (\$) \$12,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70 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.

1 Total pages Schedule F1: Sch: 8/17 Rpt: 14/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/01/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$22,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name CHEN BUTTON, ANGIE	Office sought State Representative District 112
Date 09/01/2024	Payee name CANVASS AMERICA	
Amount (\$) \$18,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 09/01/2024	Payee name CANVASS AMERICA	
Amount (\$) \$18,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

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.

1 Total pages Schedule F1: Sch: 9/17 Rpt: 15/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/01/2024	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$18,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27 Office held
Date 09/01/2024	Payee name CANVASS AMERICA	
Amount (\$) \$22,560.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121 Office held
Date 09/26/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$4,434.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27 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.

1 Total pages Schedule F1: Sch: 10/17 Rpt: 16/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/16/2024	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,507.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121 Office held
Date 08/16/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,713.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70 Office held
Date 08/16/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,642.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BAUMGARNER, BEN	Office sought State Representative District 63 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.

1 Total pages Schedule F1: Sch: 11/17 Rpt: 17/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/21/2024	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$28,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52 Office held
Date 09/04/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$17,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121 Office held
Date 09/04/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$6,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63 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.

1 Total pages Schedule F1: Sch: 12/17 Rpt: 18/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/04/2024	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$13,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70 Office held
Date 09/04/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, ADAM	Office sought State Representative District 108 Office held
Date 09/12/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$1,900.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PLACEMENT
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name CHEN BUTTON, ANGIE	Office sought State Representative District 112 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.

1 Total pages Schedule F1: Sch: 13/17 Rpt: 19/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/13/2024	5 Payee name KAP PRINT	
6 Amount (\$) \$3,397.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 08/13/2024	Payee name KAP PRINT	
Amount (\$) \$3,397.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 08/13/2024	Payee name KAP PRINT	
Amount (\$) \$3,397.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27

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.

1 Total pages Schedule F1: Sch: 14/17 Rpt: 20/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/13/2024	5 Payee name KAP PRINT	
6 Amount (\$) \$1,856.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 09/07/2024	Payee name KAP PRINT	
Amount (\$) \$1,140.06 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name CHEN BUTTON, ANGIE	Office sought State Representative District 112
Date 09/07/2024	Payee name KAP PRINT	
Amount (\$) \$4,069.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108

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.

1 Total pages Schedule F1: Sch: 15/17 Rpt: 21/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 08/08/2024	5 Payee name KAP PRINT	
6 Amount (\$) \$2,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 220 QUINN DR DRIPPING SPRINGS, TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52 Office held
Date 08/21/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52 Office held
Date 09/04/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$3,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121 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.

1 Total pages Schedule F1: Sch: 16/17 Rpt: 22/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/04/2024	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63
Date 09/04/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$2,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 09/04/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$750.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108

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.

1 Total pages Schedule F1: Sch: 17/17 Rpt: 23/23	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 09/04/2024	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$2,250.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HARRIS DAVILA, CAROLINE	Office sought State Representative District 52
Date 09/12/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DIGITAL AD PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name CHEN BUTTON, ANIE	Office sought State Representative District 112
Date 09/26/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,936.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. MAILER POSTAGE
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27