FORM DCE COVER SHEET PG 1

The DCE Instruction G	uide explains how to comp	olete 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			
	NICKNAME	LAST	D	SUFFIX	ELECTRONIC	CALLY FILED		
		Americans for			10/07/2024			
4 FILER ADDRESS	ADDRESS / PO BOX; AF	PT / SUITE #; CIT	Y; STATE	E; ZIP CODE				
	1020 LEVEE ST				Date Hand-delivered	or Date Postmarked		
Change of Address	STE 170							
	DALLAS, TX 75207				Receipt #	Amount		
5 FILER PHONE		ONE NUMBER I	EXTENSION		Date Processed			
	(703) 989-6167				4			
6 REPORT TYPE	January 15	X 30	th day before elect	ion	Date Imaged			
	July 15	☐ 8t	h day before election	on				
		☐ RI	unoff					
7 PERIOD COVERED	Month Day Year 07/01/2024		HROUGH	Month Day 09/26/202	Year 24			
	07/01/2024	''	IIIOOGII	09/20/20/	24			
8 ELECTION	ELECTION DATE			ELECTION ⁻	ГҮРЕ			
	Month Day Year	·	rimary	Runoff	Other			
	11/05/2024		Seneral	Special				
9 FILER	1. Candidates	A. Supported J	OHN LUJAN S	State Representative	<u> </u>			
ACTIVITY	(Identify by name or, if applicable, classify by party.)							
(A44								
(Attach lists on plain paper to		B. Opposed						
complete this 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.)							
					<u> </u>			
	GO TO PAGE 2							

FORM DCE COVER SHEET PG 2

10	FILER NAME					11 Filer ID	(Ethics Commission Filers)
	Americans for Prosperi	ty; Americans for Pros	sperity dba Th	e LIBRE Initiative		00087678	
	EXPENDITURE TOTALS	1. TOTAL UNITEMIZE	ED POLITICAL	EXPENDITURES		\$	0.00
		2. TOTAL POLITIC	AL EXPENDI	TURES		\$	363,399.41
13	AFFIDAVIT	•					
				I swear, or affirm, under p true and correct and inclu under Title 15, Election Co	ides all infor	erjury, that the ac mation required	ccompanying report is to be reported by me
					<u> </u>	657	
						ıre of Filer or	
				Signature of individ			n behalf of entity
					(only if File	er is an entity)	
	AFFIX NOTARY STAMP	/ SEAL AROVE					
	ALLIXIOTARI STAMI	7 JEAL ADOVE					
				my hand and seal of office		his the	day
	UI	_, 20, to certify	y Willeri, Williess	Thy hand and sear or office	e.		
	Signature of officer ad	lministering oath	Printed name	of officer administering oa	ath	Title of office	er administering oath

FORM DCE ADDENDUM

Page 3 of 23

10 FILER NAME				11 Filer ID	(Ethics Commission Filers)
Americans for Prosperi	ty; Americans for Pro	sperity dba Th	e LIBRE Initiative	00087678	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	JANIE LOPEZ State Represe	entative	
(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)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	ADAM HINOJOSA State Ser	nator	
(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)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	MARC LAHOOD State Repre	esentative	
(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				

FORM DCE ADDENDUM

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					<u>-</u>
10 FILER NAME Americans for Prosperit	ty; Americans for Pro	sperity dba Th	ne LIBRE Initiative	11 Filer ID 00087678	(Ethics Commission Filers)
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		CAROLINE HARRIS DAVILA	State Representa	ative
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	BEN BUMGARNER State Rep	presentative	
(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)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	STEVE KINARD State Repres	sentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (describe by date and location of election and nature of issue)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE ADDENDUM

Page 5 of 23

						1 age e e. ze
10 FILER NAME					11 Filer ID	(Ethics Commission Filers)
Americans for Prosperi		sperity dba Tl	he LIBRE Initiative		00087678	
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	MORGAN MEYER Sta	ate Repres	entative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (describe by date and location of election and nature of issue)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)					
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)	A. Supported	ANGIE CHEN BUTTO	N State Re	presentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	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 6 of 23

14 FILER NAME	(Ethics Commission Filers)	
Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. X SCHEDULE F1: POLITICAL EXPENDITURES		\$ 363,399.41
2. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
3. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/17 Rpt: 7/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 08/16/2024 Americans for Prosperity 6 Amount (\$) Payee address; City; State; Zip Code \$2,395.71 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office held

expenditure to benefit C/OI		State Representative District 37
Date	Payee name	
08/16/2024	Americans for Prosperity	
Amount (\$)	Payee address; City; State	e; Zip Code
\$3,593.56	4201 Wilson Blvd	
Expenditure from	Ste 1000	
corporate funds	Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct expenditure to benefit C/OI	i .	Office sought Office held State Representative District 52
Date	Payee name	
08/16/2024	Americans for Prosperity	
Amount (\$)	Payee address; City; State	e; Zip Code
\$1,197.85	4201 Wilson Blvd	
Expenditure from	Ste 1000	
corporate funds	Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING
Complete ONLY if direct		Office sought Office held
expenditure to benefit C/OI	H LAHOOD, MARC	State Representative District 121

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/17 Rpt: 8/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/01/2024 Americans for Prosperity 6 Amount (\$) Payee address; City; State; Zip Code \$2,410.90 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LOPEZ, JANIE State Representative District 37 Date Payee name 09/01/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$3,616.34 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMGARNER, BEN State Representative District 63 Date Payee name

Forms provided by Texas Ethics Commission

\$2,410.90

Americans for Prosperity

City:

(a) Category (See Categories listed at the top of this schedule)

Payee address:

Ste 1000

4201 Wilson Blvd

Arlington, VA 22203

Advertising Expense

Candidate/Officeholder name

KINARD, STEVE

09/01/2024

Amount (\$)

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

www.ethics.state.tx.us

State; Zip Code

Office sought

(b) Description

State Representative District 70

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Office held

Version V4.1.0.48da51f7

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/17 Rpt: 9/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/01/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$2,410.90 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 09/01/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$1,205.44 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH MEYER, MORGAN State Representative District 108 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code 4201 Wilson Blvd \$4,836.98 Ste 1000 Expenditure from corporate funds Arlington, VA 22203 **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**

expenditure to benefit C/OH HINOJOSA, ADAM

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Senator District 27

CANVASSING

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/17 Rpt: 10/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$4,836.98 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LOPEZ, JANIE State Representative District 37 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$14,510.94 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LUJAN, JOHN State Representative District 118 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code 4201 Wilson Blvd \$18,138.68 Ste 1000 Expenditure from corporate funds Arlington, VA 22203

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 52

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Office held

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

expenditure to benefit C/OH HARRIS DAVILA, CAROLINE

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/17 Rpt: 11/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$7,255.47 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMGARNER, BEN State Representative District 63 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$12,092.45 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KINARD, STEVE State Representative District 70 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address: City: State; Zip Code 4201 Wilson Blvd \$14,510.94 Ste 1000 Expenditure from corporate funds Arlington, VA 22203

expenditure to benefit C/OH LAHOOD, MARC

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 121

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Office held

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/17 Rpt: 12/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$4,836.98 4201 Wilson Blvd Ste 1000 Expenditure from Arlington, VA 22203 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH MEYER, MORGAN State Representative District 108 Date Payee name 09/16/2024 Americans for Prosperity Amount (\$) Payee address; City; State; Zip Code \$6,046.23 4201 Wilson Blvd Ste 1000 Expenditure from

Arlington, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CHEN BUTTON, ANGIE State Representative District 112 Date Payee name 09/16/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$8,000.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186 **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 CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS DAVILA, CAROLINE State Representative District 52

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/17 Rpt: 13/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/01/2024 **CANVASS AMERICA** 6 Amount (\$) Payee address; City; State; Zip Code \$8,940.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING**

	•					
9 Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght Office held			
expenditure to benefit C/O	H HARRIS DAVILA, CAROLINE	State Rep	Representative District 52			
Date	Payee name					
09/01/2024	CANVASS AMERICA					
Amount (\$)	Payee address; City;	State; Zip Cod	de			
\$8,000.00	45 N HILL DR					
	STE 100					
Expenditure from corporate funds	WARRENTON, TX 20186					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Advertising Expense	p of this schedule)	(b) Description ☐ Check if travel outside of Texas. Complete Schedule T.			
			CANVASSING			
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght Office held			
expenditure to benefit C/O	H BUMGARNER, BEN	State Rep	presentative District 63			
Date	Payee name					
09/01/2024	CANVASS AMERICA					
Amount (\$)	Payee address; City;	State; Zip Cod	de			
\$12,000.00	45 N HILL DR					
Expenditure from	STE 100					
corporate funds	WARRENTON, TX 20186					
PURPOSE	(a) Category (See Categories listed at the top	p of this schedule) ((b) Description			
OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T.			
			CANVASSING			
Complete ONLY if direct	Candidate/Officeholder name	Office soug	ght Office held			
expenditure to benefit C/O	^H KINARD, STEVE	State Rep	presentative District 70			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/17 Rpt: 14/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/01/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$22,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CHEN BUTTON, ANGIE State Representative District 112 Date Payee name 09/01/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$18,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LOPEZ, JANIE State Representative District 37 Date Payee name 09/01/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$18,000.00 45 N HILL DR **STE 100** Expenditure from corporate funds WARRENTON, TX 20186

expenditure to benefit C/OH LUJAN, JOHN

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 118

CANVASSING

Check if travel outside of Texas. Complete Schedule T.

Office held

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

Candidate/Officeholder name

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/17 Rpt: 15/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/01/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$18,000.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (b) Description 8 (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HINOJOSA, ADAM State Senator District 27 Date Payee name 09/01/2024 **CANVASS AMERICA** Amount (\$) Payee address; City; State; Zip Code \$22,560.00 45 N HILL DR **STE 100** Expenditure from WARRENTON, TX 20186 corporate funds **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE CANVASSING** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 09/26/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$4,434.84 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from

expenditure to benefit C/OH HINOJOSA, ADAM

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

CASTLE PINES, CO 80108

Advertising Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

Office sought

State Senator District 27

(b) Description

Check if travel outside of Texas. Complete Schedule T.

MAILER PRINTING AND PRODUCTION

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Travel Out of District OTHER (enter a category not listed above) Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) 00087678 Sch: 10/17 Rpt: 16/23 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 08/16/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,507.50 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds PURPOSE (b) Description (See Ca (alubadas

OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/Oil	1.1	e sought Office held e Representative District 121
Date	Payee name	
08/16/2024	FCG MAIL, LLC	
Amount (\$) \$3,713.00 Expenditure from corporate funds	Payee address; City; State; Zi 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ip Code
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. DOORHANGER PRINTING AND PRODUCTION
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol		e sought Office held e Representative District 70
Date	Payee name	
08/16/2024	FCG MAIL, LLC	
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Amount (\$) \$2,642.50 Expenditure from corporate funds	Payee address; City; State; Zi 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	ip Code
\$2,642.50	Payee address; City; State; Zi 558 E CASTLE PINES PKWY SUTE B-4 BOX 333	·
\$2,642.50 Expenditure from corporate funds PURPOSE OF	Payee address; City; State; Zi 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108 (a) Category (See Categories listed at the top of this schedule Advertising Expense Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T.

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/17 Rpt: 17/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 08/21/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code \$28,000.00 4201 WILSON BLVD STE 900 Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS DAVILA, CAROLINE State Representative District 52 Date Payee name 09/04/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$17,500.00 4201 WILSON BLVD **STE 900** Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LAHOOD, MARC State Representative District 121 Date Payee name 09/04/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City: \$6,250.00 4201 WILSON BLVD

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH BUMGARNER, BEN

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

STE 900

ARLINGTON, VA 22203

Advertising Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

Office sought

(b) Description

State Representative District 63

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PLACEMENT

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/17 Rpt: 18/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 09/04/2024 IN PURSUIT OF LLC 6 Amount (\$) Payee address; State; Zip Code \$13,500.00 4201 WILSON BLVD STE 900 Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KINARD, STEVE State Representative District 70 Date Payee name 09/04/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$7,500.00 4201 WILSON BLVD **STE 900** Expenditure from ARLINGTON, VA 22203 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PLACEMENT Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH MEYER, ADAM State Representative District 108 Date Payee name 09/12/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City: \$1,900.00 4201 WILSON BLVD

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

STE 900

ARLINGTON, VA 22203

Advertising Expense

Candidate/Officeholder name

CHEN BUTTON, ANGIE

(a) Category (See Categories listed at the top of this schedule)

Office sought

(b) Description

State Representative District 112

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PLACEMENT

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/Wanes/Contract Lahor

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

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to co	wages/Contract Labor OTHER (enter a category not listed above) wmplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 13/17 Rpt: 19/23	Americans for Prosperity; Americans for Prosp	erity dba The 00087678
4 Date	5 Payee name	•
08/13/2024	KAP PRINT	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$3,397.38	220 QUINN DR	
Expenditure from		
corporate funds	DRIPPING SPRINGS, TX 78620	
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.
		DOORHANGER PRINTING AND PRODUCTION
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	H LUJAN, JOHN State Re	presentative District 118
Date	Payee name	
08/13/2024	KAP PRINT	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,397.38	220 QUINN DR	
Expenditure from		
corporate funds	DRIPPING SPRINGS, TX 78620	
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.
		DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	H LOPEZ, JANIE State Re	presentative District 37
Date	Payee name	
08/13/2024	KAP PRINT	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$3,397.38	220 QUINN DR	
Expenditure from		
corporate funds	DRIPPING SPRINGS, TX 78620	
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.
		DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct	Candidate/Officeholder name Office sou	ight Office held
expenditure to benefit C/OI	HINOJOSA, ADAM State Se	nator 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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memoria Legal Services The Instruction (·		ages/Contract Labor	Travel Out of District OTHER (enter a category r	not listed above)
<u> </u>	T-t-1 O-bb-1- E4:	6 EU ED NAA		Suide explains	11000 to con	ipiete tina torini	O Files ID (Fabine	Commission Filess
	Total pages Schedule F1: Sch: 14/17 Rpt: 20/23		nE s for Prosperity;	Americans fo	or Prospe	rity dba The	3 Filer ID (Ethics 00087678	Commission Filers)
┝	·		• •					
4	Date 08/13/2024	5 Payee nam KAP PRIN						
6	Amount (\$)	7 Payee addı	ress; City;	State	e; Zip Coo	le		
	\$1,856.35	220 QUIN						
	Expenditure from corporate funds	DRIPPING	S SPRINGS, TX	78620				
8	PURPOSE	(a) Category	(See Categories listed at	the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Advertisin	g Expense			Check if travel	outside of Texas. Complete Sche	dule T.
						DOORHANG	GER PRINTING AND P	RODUCTION
9	Complete ONLY if direct		fficeholder name	(Office soug	ıht	Office held	
	expenditure to benefit C/O	H LAHOOD, I	MARC	Ş	State Rep	resentative Dist	rict 121	
	Date	Payee nam	ie					
	09/07/2024	KAP PRIN	ΙΤ					
	Amount (\$)	Payee addı	ress; City;	State	e; Zip Coo	le		
	\$1,140.06	220 QUIN	N DR					
		-						
	Expenditure from corporate funds	DRIPPING	SPRINGS, TX	78620				
	PURPOSE	(a) Category	(See Categories listed at	the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE		g Expense			Check if travel	outside of Texas. Complete Sche	dule T.
						DOORHANG	SER PRINTING AND P	RODUCTION
						DOOMINA	JEINT MINTING / MID T	ROBOCTION
Н	Complete ONLY if direct	Candidate/O	fficeholder name	(Office soug	ıht	Office held	
	expenditure to benefit C/OH	H CHEN BUT	TON, ANGIE	Ş	State Rep	resentative Dist	rict 112	
F	Date	Payee nam	ie					
	09/07/2024	KAP PRIN						
	Amount (\$)	Payee addı	ress; City;	State	e; Zip Coo	le		
	\$4,069.66	220 QUIN	N DR					
	Expenditure from corporate funds	DRIPPING	SPRINGS, TX	78620				
	PURPOSE	(a) Category	(See Categories listed at	the top of this sch	hedule)	(b) Description		
	OF EXPENDITURE	Advertisin	g Expense			Check if travel	outside of Texas. Complete Sche	dule T.
						DOORHANG	GER PRINTING AND P	RODUCTION
\vdash	Complete ONLY if direct	Candidate/O	fficeholder name	(Office soug	ıht	Office held	
	expenditure to benefit C/OI				-	resentative Dist		
\vdash		•			<u>'</u>			

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/17 Rpt: 21/23 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name KAP PRINT 08/08/2024 6 Amount (\$) Payee address; City; State; Zip Code \$2,200.00 220 QUINN DR Expenditure from DRIPPING SPRINGS, TX 78620 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DOORHANGER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS DAVILA, CAROLINE State Representative District 52 Date Payee name 08/21/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,000.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS DAVILA, CAROLINE State Representative District 52 Date Payee name 09/04/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$3,250.00 2311 WILSON BLVD **STE 200** Expenditure from corporate funds ARLINGTON, VA 22201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

expenditure to benefit C/OH LAHOOD, MARC

Advertising Expense

Candidate/Officeholder name

OF

EXPENDITURE

Complete ONLY if direct

Office sought

State Representative District 121

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PRODUCTION

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/17 Rpt: 22/23 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 09/04/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$750.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMGARNER, BEN State Representative District 63 Date Payee name 09/04/2024 TARGETED VICTORY LLC Amount (\$) Payee address; City; State; Zip Code \$2,250.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH KINARD, STEVE State Representative District 70 Date Payee name 09/04/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$750.00 2311 WILSON BLVD **STE 200** Expenditure from corporate funds ARLINGTON, VA 22201 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T.

expenditure to benefit C/OH MEYER, MORGAN

EXPENDITURE

Complete ONLY if direct

Advertising Expense

Candidate/Officeholder name

Office sought

State Representative District 108

DIGITAL AD PRODUCTION

Office held

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/17 Rpt: 23/23 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 09/04/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$2,250.00 2311 WILSON BLVD STE 200 Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HARRIS DAVILA, CAROLINE State Representative District 52 Date Payee name 09/12/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,000.00 2311 WILSON BLVD **STE 200** Expenditure from ARLINGTON, VA 22201 corporate funds **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** DIGITAL AD PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH CHEN BUTTON, ANIE State Representative District 112 Date Payee name 09/26/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,936.11 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 corporate funds **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**

expenditure to benefit C/OH HINOJOSA, ADAM

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Senator District 27

MAILER POSTAGE

Office held