

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) 00087119	2 Total pages filed: 5
3 FILER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Protecting Americans Project Action		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1390 CHAIN BRIDGE RD STE 515 MCLEAN, VA 22101		
<input type="checkbox"/> Change of Address			
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 763-3493		
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	
	<input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year 09/27/2024	THROUGH	Month Day Year 10/26/2024
8 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE	
		<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<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	
		B. Opposed JAMES MONTOYA District Attorney	
	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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FORM DCE
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10 FILER NAME Protecting Americans Project Action Fund		11 Filer ID (Ethics Commission Filers) 00087119
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 342,557.86

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 Protecting Americans Project Action Fund		11 Filer ID (Ethics Commission Filers) 00087119
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 B. Opposed Terry Shamsie District Attorney
	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 Protecting Americans Project Action Fund		15 Filer ID (Ethics Commission Filers) 00087119
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 342,557.86
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 5/5	2 FILER NAME Protecting Americans Project Action Fund	3 Filer ID (Ethics Commission Filers) 00087119
4 Date 10/22/2024	5 Payee name MEDIA INTEGRATION LLC	
6 Amount (\$) \$142,557.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2140 S. DUPONT HWY CAMDEN, DE 19934	
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. POLITICAL MAILER IN OPPOSITION TO J MONTOYA
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/18/2024	Candidate/Officeholder name Office sought Office held	
Payee name MEDIA INTEGRATION LLC		
Amount (\$) \$150,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S. DUPONT HWY CAMDEN, DE 19934	
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 MEDIA ADS IN OPPOSITION TO J MONTOYA
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/22/2024	Candidate/Officeholder name Office sought Office held	
Payee name MEDIA INTEGRATION LLC		
Amount (\$) \$50,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2140 S. DUPONT HWY CAMDEN, DE 19934	
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 MEDIA ADS IN OPPOSITION TO T SHAMSIE
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		