FORM DCE COVER SHEET PG 1

The DCE instruction Guide explains now to complete this form. (Ethics Commission Filers) 00087678						2 Total pages filed: 34		
3	FILER NAME	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY	
		NICKNAME	LAST Americans for	Prosperity;	SUFFIX	Date Received ELECTRONICA 10/28/2024	ALLY FILED	
4	FILER ADDRESS	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y; STAT	E; ZIP CODE			
	Change of Address	1020 LEVEE ST STE 170 DALLAS, TX 75207				Date Hand-delivered or Receipt #	Date Postmarked Amount	
5	FILER PHONE		NE NUMBER E	EXTENSION		-		
		(703) 989-6167				Date Processed		
6	REPORT TYPE	January 15	30	th day before ele	ction	Date Imaged		
		July 15		n day before elect	ion			
7	PERIOD COVERED	Month Day Year 09/27/2024		HROUGH	Month Da 10/26/2			
8	ELECTION	ELECTION DATE Month Day Year 11/05/2024		rimary Seneral	ELECTION Runoff Special	N TYPE Other		
9	FILER ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported J(OHN LUJAN	State Representativ	ve		
	(Attach lists on plain paper to complete this report if		B. Opposed					
	necessary.)	2. Measures	A. Supported					
		(Describe by date and location of election and nature of issue.)						
			B. Opposed					
		Officeholders Assisted (Identify by name or, if applicable, classify by party.)						
		1						
			GO 1	O PAGE 2				

FORM DCE COVER SHEET PG 2

.0 FILER NAME		11 Filer ID	11 Filer ID (Ethics Commission Filers)			
Americans for Pros	perity; Americans for P	00087678				
2 EXPENDITURE TOTALS	1. TOTAL UNITEN	IIZED POLITICAL EXPENDITURES	\$	0.00		
	2. TOTAL POLIT	TICAL EXPENDITURES	\$	173,789.49		
3 AFFIDAVIT			<u>'</u>			
		I swear, or affirm, unde true and correct and inc under Title 15, Election	r penalty of perjury, that the a cludes all information required Code.	ccompanying report is to be reported by me		
		Signature of ind	Signature of Filer or ividual with authority to sign o	n behalf of entity		
		Olgitatare of ma	(only if Filer is an entity)	sonair or onaity		
AFFIX NOTARY STA	AMP / SEAL ABOVE					
		aid		day		
U		rtify which, witness my hand and seal of of	iicc.			
Signature of office	er administering oath	Printed name of officer administering	oath Title of offic	er administering oath		

FORM DCE ADDENDUM

Page 3 of 34

10 FILED NAME				11 Filor ID	(Ethics Commission Filors)
10 FILER NAME Americans for Prosperit	y; 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)	A. Supported	MARC LAHOOD 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)				
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)				
12 COMMITTEE ACTIVITY	Candidates (identify by name or, if applicable, classify by party)		Major ADAM HINOJOSA State	e Senator	
(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)				

FORM DCE ADDENDUM

Page 4 of 34

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)	A. Supported	JANIE LOPEZ State Represent	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	ANGIE CHEN BUTTON State F	Representative	
(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)		BEN BUMGARNER State Repr	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			
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)				

FORM DCE **ADDENDUM**

Page 5 01 34
11 Filer ID (Ethics Commission Filers)
Prosperity dba The LIBRE Initiative 00087678
A. Supported CAROLINE HARRIS DAVILA State Representative
B. Opposed
A. Supported
B. Opposed
arty)

SUBTOTALS - DCE

FORM DCE COVER SHEET PG 3 6 of 34

14 FILER NAME15 Filer IDAmericans for Prosperity; Americans for Prosperity dba The LIBRE Initiative00087678	(Ethics Commission Filers)	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE F1: POLITICAL EXPENDITURES	\$ 173,789.49	
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
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

Reimbursement Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER Contract Labor.

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schodule E1:	1
1 Total pages Schedule F1: Sch: 1/28 Rpt: 7/34	Americans for Prosperity; Americans for Prosperity dba The 00087678
4 Date	5 Payee name
09/27/2024	Americans for Prosperity
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$100.00	4201 Wilson Blvd
Expenditure from	Ste 1000
Expenditure from corporate funds	Arlington, VA 22203
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	CANVASSING
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	LAHOOD, MARC State Representative District 121
Date	Payee name
09/27/2024	Americans for Prosperity
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	4201 Wilson Blvd
	Ste 1000
Expenditure from corporate funds	Arlington, VA 22203
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.
	CANVASSING
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	KINARD, STEVE State Representative District 70
Date	Payee name
09/27/2024	Americans for Prosperity
Amount (\$)	Payee address; City; State; Zip Code
\$100.00	4201 Wilson Blvd
Expenditure from	Ste 1000
corporate funds	Arlington, VA 22203
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.
	CANVASSING
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	HINOJOSA, ADAM State Senator District 27

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense 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) Americans for Prosperity; Americans for Prosperity dba The 00087678 Sch: 2/28 Rpt: 8/34 4 Date Payee name 09/27/2024 Americans for Prosperity 6 Amount (\$) Payee address; State; Zip Code \$100.00 4201 Wilson Blvd Ste 1000

corporate funds	Arlington, VA 22203					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. CANVASSING				
		J. W.V. Com.				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office s H LUJAN, JOHN State F	cought Office held Representative District 118				
Date 10/12/2024	Payee name Americans for Prosperity					
Amount (\$) \$50.00 Expenditure from corporate funds	Payee address; City; State; Zip 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	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. CANVASSING				
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office s H LOPEZ, JANIE State F	Representative District 37				
Date 10/24/2024	Payee name Americans for Prosperity					
Amount (\$) \$150.00 Expenditure from corporate funds	Payee address; City; State; Zip 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	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. CANVASSING				
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office s H KINARD, STEVE State F	cought Office held Representative 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: 3/28 Rpt: 9/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/24/2024 Americans for Prosperity 6 Amount (\$) Payee address; City; State; Zip Code \$100.00 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 10/01/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,624.63 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/01/2024 FCG MAIL, LLC Amount (\$) Payee address: City: State; Zip Code \$3,342.81 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from

expenditure to benefit C/OH LUJAN, JOHN

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

(b) Description

State Representative District 118

Check if travel outside of Texas. Complete Schedule T.

MAILER PRINTING AND 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: 4/28 Rpt: 10/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/02/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$2,544.53 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND 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 10/07/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,342.81 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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

10/07/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3.624.63 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LOPEZ, JANIE State Representative District 37

POLITICAL EXPENDITURES SCHEDULE F1 **EXPENDITURE CATEGORIES FOR BOX 8(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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: 5/28 Rpt: 11/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/07/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$4,434.84 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION

Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H HINOJOSA, ADAM	Office sough State Sena	t Office held tor District 27					
Date	Payee name							
10/10/2024	FCG MAIL, LLC							
Amount (\$)	Payee address; City;	State; Zip Code						
\$2,596.53	558 E CASTLE PINES PKWY							
Expenditure from	SUTE B-4 BOX 333							
corporate funds	CASTLE PINES, CO 80108							
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.					
			MAILER PRINTING AND PRODUCTION					
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t Office held					
expenditure to benefit C/O	H KINARD, STEVE	State Repre	esentative District 70					
Date	Payee name							
10/11/2024	FCG MAIL, LLC							
Amount (\$)	Payee address; City;	State; Zip Code						
\$2,312.94	558 E CASTLE PINES PKWY	558 E CASTLE PINES PKWY						
Expenditure from	SUTE B-4 BOX 333	SUTE B-4 BOX 333						
corporate funds	CASTLE PINES, CO 80108							
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.					
			MAILER PRINTING AND PRODUCTION					
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t Office held					
expenditure to benefit C/O	H BUTTON, ANGIE CHEN	State Repre	esentative District 112					

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: 6/28 Rpt: 12/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/11/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,189.74 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/11/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,474.59 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/11/2024 FCG MAIL, LLC Amount (\$) Payee address: City: State; Zip Code \$4,094.77 558 E CASTLE PINES PKWY

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH HINOJOSA, ADAM

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

SUTE B-4 BOX 333

Advertising Expense

Candidate/Officeholder name

CASTLE PINES, CO 80108

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

www.ethics.state.tx.us

Office sought

State Senator District 27

(b) Description

Check if travel outside of Texas. Complete Schedule T.

MAILER PRINTING AND 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: 7/28 Rpt: 13/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/17/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$2,544.66 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND 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 10/17/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$2,954.94 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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**

MAILER PRINTING AND PRODUCTION 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 10/17/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$2,947.54 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMGARNER, BEN State Representative District 63

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: 8/28 Rpt: 14/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/17/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY \$3,416.85 **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/21/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$2,522.94 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION

Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/21/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,399.74 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH LUJAN, JOHN 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries The Instruction Guide explains how to describe the services of the servic	Wages/Contract Labor OTHER (enter a category not listed above) omplete this form.							
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
Sch: 9/28 Rpt: 15/34	Americans for Prosperity; Americans for Pros	perity dba The 00087678							
4 Date	5 Payee name								
10/21/2024	FCG MAIL, LLC								
6 Amount (\$)	7 Payee address; City; State; Zip C	code							
\$3,684.59	558 E CASTLE PINES PKWY								
— Company different from	SUTE B-4 BOX 333								
Expenditure from corporate funds	CASTLE PINES, CO 80108								
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description							
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.							
		MAILED DDINTING AND DDODLICTION							
		MAILER PRINTING AND PRODUCTION							
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held							
expenditure to benefit C/O	<u> </u>								
Dete		<u> </u>							
Date	Payee name								
10/21/2024	FCG MAIL, LLC								
Amount (\$)	Payee address; City; State; Zip C	rode							
\$4,304.77	558 E CASTLE PINES PKWY								
Expenditure from	SUTE B-4 BOX 333								
corporate funds	CASTLE PINES, CO 80108								
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.							
		MAILER PRINTING AND PRODUCTION							
Complete ONLY if direct	Candidate/Officeholder name Office so	ught Office held							
expenditure to benefit C/OI	HINOJOSA, ADAM State S	enator District 27							
Date	Payee name								
10/22/2024	FCG MAIL, LLC								
Amount (\$)	Payee address; City; State; Zip C	code							
\$2,596.66	558 E CASTLE PINES PKWY								
	SUTE B-4 BOX 333								
Expenditure from corporate funds	CASTLE PINES, CO 80108								
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	2 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-							
		MAILER PRINTING AND PRODUCTION							
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p = 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7 KINARD, STEVE State R	epresentative 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: 10/28 Rpt: 16/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/22/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$3,006.94 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/22/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$2,999.54 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMHARNER, BEN State Representative District 63 Date Payee name 10/22/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,428.85 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112

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: 11/28 Rpt: 17/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/25/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$2,522.94 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/25/2024 FCG MAIL, LLC Amount (\$) Payee address; City; State; Zip Code \$3,399.74 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/25/2024 FCG MAIL, LLC Amount (\$) Payee address: City; State; Zip Code \$3,684.59 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 corporate funds

expenditure to benefit C/OH LOPEZ, JANIE

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

Office sought

(b) Description

State Representative District 37

Check if travel outside of Texas. Complete Schedule T.

MAILER PRINTING AND PRODUCTION

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: 12/28 Rpt: 18/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/25/2024 FCG MAIL, LLC 6 Amount (\$) Payee address; City; State; Zip Code \$4,304.77 558 E CASTLE PINES PKWY **SUTE B-4 BOX 333** Expenditure from CASTLE PINES, CO 80108 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** MAILER PRINTING AND PRODUCTION 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 10/03/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$4,500.00 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 LOPEZ, JANIE State Representative District 37 Date Payee name 10/03/2024 IN PURSUIT OF LLC Amount (\$) Payee address: State; Zip Code City:

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH LUJAN, JOHN

\$4,500.00

Expenditure from corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

4201 WILSON BLVD

Advertising Expense

Candidate/Officeholder name

ARLINGTON, VA 22203

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

STE 900

www.ethics.state.tx.us

Office sought

(b) Description

State Representative District 118

Check if travel outside of Texas. Complete Schedule T.

Office held

DIGITAL AD PLACEMENT

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: 13/28 Rpt: 19/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/03/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code \$12,000.00 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 HINOJOSA, ADAM State Senator District 27 Date Payee name 10/22/2024 IN PURSUIT OF LLC Amount (\$) Payee address; State; Zip Code City; \$5,000.00 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 BUTTON, ANGIE CHEN State Representative District 112

Date Payee name 10/14/2024 KAP PRINT Amount (\$) Payee address; City; State; Zip Code \$3,275.08 220 QUINN DR Expenditure from DRIPPING SPRINGS, TX 78620 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** MAILER PRINTING AND PRODUCTION Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DAVILA, CAROLINE HARRIS State Representative District 52 Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V4.1.0.48da51f7

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

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

Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide ex	Salaries/W	ages/Con	tract Labor	OTHER (enter a category not listed above)			
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4 Date	5 Payee name								
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expenditure to benefit C/OI	H DAVILA, CA	ROLINE HARRIS	State Re	oresen	ative Distr	rict !	52		
Data									
Date	Payee name								
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Expenditure from corporate funds	DRIPPING	SPRINGS, TX 78620)						
PURPOSE	(a) Category «	See Categories listed at the top o	of this cohodule)	(b) De	scription				
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expenditure to benefit C/OI	[⊣] DAVILA, CA	ROLINE HARRIS	State Rep	oresen	ative Distr	rict !	52		
Date	Payee name	<u> </u>							
10/12/2024	KAP PRIN								
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Amount (\$)	Payee addre		State; Zip Co	ae					
\$1,445.00	220 QUINN	NDR							
Expenditure from									
corporate funds	DRIPPING	SPRINGS, TX 78620)						
PURPOSE	(a) Category (5	See Categories listed at the top o	of this schedule)	(b) De	scription				
OF EXPENDITURE	Advertising		ŕ		Check if travel	outsi	de of Texas. Com	nplete Schedule T.	
EXPENDITORE									
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expenditure to benefit C/OI	BUTTON, A	NGIE CHEN	State Rep	oresen	ative Distr	rict	112		

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: 15/28 Rpt: 21/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/01/2024 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 LUJAN, JOHN State Representative District 118 Date Payee name 10/01/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$750.00 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 HINOJOSA, ADAM State Senator District 27 Date Payee name 10/03/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$1,000.00 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 Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** DIGITAL AD PRODUCTION

expenditure to benefit C/OH LOPEZ, JANIE

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Representative District 37

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: 16/28 Rpt: 22/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/03/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,000.00 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 LUJAN, JOHN State Representative District 118 Date Payee name 10/03/2024 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 HINOJOSA, ADAM State Senator District 27 Date Payee name 10/03/2024 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 Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** DIGITAL AD PRODUCTION

expenditure to benefit C/OH LOPEZ, JANIE

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Representative District 37

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: 17/28 Rpt: 23/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/07/2024 TARGETED VICTORY LLC 6 Amount (\$) Payee address; State; Zip Code \$1,250.00 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 LOPEZ, JANIE State Representative District 37 Date Payee name 10/07/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$1,250.00 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 LUJAN, JOHN State Representative District 118 Date Payee name 10/07/2024 TARGETED VICTORY LLC Amount (\$) Payee address: City: State; Zip Code \$1,250.00 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 OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** DIGITAL AD PRODUCTION

expenditure to benefit C/OH HINOJOSA, ADAM

Candidate/Officeholder name

Complete ONLY if direct

Office sought

State Senator District 27

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: 18/28 Rpt: 24/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/22/2024 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 BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/22/2024 TARGETED VICTORY LLC Amount (\$) Payee address; State; Zip Code City; \$750.00 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 DAVILA, CAROLINE HARRIS State Representative District 52 Date Payee name 10/01/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,081.70 470 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 LUJAN, JOHN

Candidate/Officeholder name

Complete ONLY if direct

Office sought

MAILER POSTAGE

State Representative District 118

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: 19/28 Rpt: 25/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/01/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,189.52 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/02/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$760.79 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/07/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,081.70 470 L'ENFANT PLAZA SW **STE 604** Expenditure from

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH LUJAN, JOHN

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

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

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Office sought

(b) Description

State Representative District 118

MAILER POSTAGE

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 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: 20/28 Rpt: 26/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/07/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,189.52 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/07/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,936.11 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/10/2024 UNITED STATES POSTAL SERVICE

PURPOSE
OF
EXPENDITURE

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

470 L'ENFANT PLAZA SW

WASHINGTON, DC 20024

Payee address:

STE 604

(b) Description

Check if travel outside of Texas. Complete Schedule T.

MAILER POSTAGE

City:

\$760.68

Amount (\$)

Expenditure from

corporate funds

State; Zip Code

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: 21/28 Rpt: 27/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/11/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$707.21 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/11/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; City; State; Zip Code \$1,121.83 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/11/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,236.52 470 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

expenditure to benefit C/OH LOPEZ, JANIE

Advertising Expense

Candidate/Officeholder name

OF

EXPENDITURE

Complete ONLY if direct

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

MAILER POSTAGE

State Representative District 37

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: 22/28 Rpt: 28/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/11/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; City; State; Zip Code \$2,013.29 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/14/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,544.06 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held

expenditure to benefit C/OH DAVILA, CAROLINE HARRIS State Representative District 52 Date Payee name 10/18/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,544.06 470 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DAVILA, CAROLINE HARRIS 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 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: 23/28 Rpt: 29/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/25/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,544.06 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH DAVILA, CAROLINE HARRIS State Representative District 52 Date Payee name 10/17/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$743.54 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/17/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$909.59 470 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 to benefit C/OH LAHOOD, MARC

Candidate/Officeholder name

EXPENDITURE

Complete ONLY if direct

Office sought

MAILER POSTAGE

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 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: 24/28 Rpt: 30/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/17/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; City; State; Zip Code \$913.28 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/17/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,433.67 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name

10/21/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$707.21 470 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112

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: 25/28 Rpt: 31/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/21/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,076.33 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/21/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$1,186.26 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/21/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,932.78 470 L'ENFANT PLAZA SW

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH HINOJOSA, ADAM

Expenditure from

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

STE 604

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

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

www.ethics.state.tx.us

Office sought

State Senator District 27

(b) Description

MAILER POSTAGE

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 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: 26/28 Rpt: 32/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/22/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$743.54 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/22/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$909.59 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/22/2024 UNITED STATES POSTAL SERVICE

Amount (\$) Payee address: City: State; Zip Code \$913.28 470 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUMGARNER, BEN State Representative District 63

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: 27/28 Rpt: 33/34 00087678 Americans for Prosperity; Americans for Prosperity dba The 4 Date Payee name 10/22/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,433.67 470 L'ENFANT PLAZA SW STE 604 Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/25/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; State; Zip Code City; \$707.21 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH BUTTON, ANGIE CHEN State Representative District 112 Date Payee name 10/25/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address: City: State; Zip Code \$1,076.33 470 L'ENFANT PLAZA SW **STE 604** Expenditure from

expenditure to benefit C/OH LUJAN, JOHN

corporate funds

PURPOSE

OF

EXPENDITURE

Complete ONLY if direct

WASHINGTON, DC 20024

Advertising Expense

Candidate/Officeholder name

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

Office sought

(b) Description

State Representative District 118

MAILER POSTAGE

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 Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense 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: 28/28 Rpt: 34/34 Americans for Prosperity; Americans for Prosperity dba The 00087678 4 Date Payee name 10/25/2024 UNITED STATES POSTAL SERVICE 6 Amount (\$) Payee address; City; State; Zip Code \$1,186.26 470 L'ENFANT PLAZA SW **STE 604** Expenditure from WASHINGTON, DC 20024 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** MAILER POSTAGE 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 10/25/2024 UNITED STATES POSTAL SERVICE Amount (\$) Payee address; City; State; Zip Code \$1,932.78 470 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 Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** MAILER POSTAGE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH HINOJOSA, ADAM State Senator District 27