

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 1

<b>The DCE Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087678	<b>2 Total pages filed:</b> 34				
<b>3 FILER NAME</b>	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024  Date Hand-delivered or Date Postmarked  Receipt #                      Amount  Date Processed  Date Imaged			
	NICKNAME		LAST		SUFFIX		
Americans for Prosperity;							
<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE						
	<input type="checkbox"/> Change of Address 1020 LEVEE ST STE 170 DALLAS, TX 75207						
<b>5 FILER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION				
(703) 989-6167							
<b>6 REPORT TYPE</b>	<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						
<b>7 PERIOD COVERED</b>	Month	Day	Year	THROUGH	Month	Day	Year
		09/27/2024				10/26/2024	
<b>8 ELECTION</b>	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	
		11/05/2024		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special		
<b>9 FILER ACTIVITY</b>  (Attach lists on plain paper to complete this report if necessary.)	<b>1. Candidates</b> (Identify by name or, if applicable, classify by party.)		A. Supported    JOHN LUJAN State Representative				
			B. Opposed				
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)		A. Supported				
			B. Opposed				
	<b>3. Officeholders Assisted</b> (Identify by name or, if applicable, classify by party.)						

**GO TO PAGE 2**

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		<b>11 Filer ID</b> (Ethics Commission Filers) 00087678
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 173,789.49

**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

Page 3 of 34

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

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 4 of 34

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

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

Page 5 of 34

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

# SUBTOTALS - DCE

<b>14 FILER NAME</b> Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		<b>15 Filer ID</b> (Ethics Commission Filers) 00087678
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 173,789.49
2.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
3.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/28 Rpt: 7/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 09/27/2024	<b>5</b> Payee name Americans for Prosperity	
<b>6</b> Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 09/27/2024	Payee name Americans for Prosperity	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 09/27/2024	Payee name Americans for Prosperity	
Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/28 Rpt: 8/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 09/27/2024	<b>5</b> Payee name Americans for Prosperity	
<b>6</b> Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/12/2024	Payee name Americans for Prosperity	
Amount (\$) \$50.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/24/2024	Payee name Americans for Prosperity	
Amount (\$) \$150.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70



# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/28 Rpt: 9/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/24/2024	<b>5</b> Payee name Americans for Prosperity	
<b>6</b> Amount (\$) \$100.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  CANVASSING
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 10/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,624.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/01/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,342.81  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/28 Rpt: 10/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/02/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$2,544.53  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/07/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,342.81  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/07/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,624.63  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37

# 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.

<b>1</b> Total pages Schedule F1: Sch: 5/28 Rpt: 11/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/07/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$4,434.84  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/10/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,596.53  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/11/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,312.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112

# 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.

<b>1</b> Total pages Schedule F1: Sch: 6/28 Rpt: 12/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/11/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$3,189.74  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/11/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,474.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/11/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$4,094.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 7/28 Rpt: 13/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/17/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$2,544.66  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/17/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,954.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 10/17/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,947.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63

# 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.

<b>1</b> Total pages Schedule F1: Sch: 8/28 Rpt: 14/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/17/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$3,416.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/21/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,522.94  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/21/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,399.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 9/28 Rpt: 15/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/21/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$3,684.59  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/21/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$4,304.77  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/22/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,596.66  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 10/28 Rpt: 16/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/22/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$3,006.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held LAHOOD, MARC State Representative District 121	
Date 10/22/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$2,999.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held BUMHARNER, BEN State Representative District 63	
Date 10/22/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,428.85  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held BUTTON, ANGIE CHEN State Representative District 112	



# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 11/28 Rpt: 17/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/25/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$2,522.94  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought Office held State Representative District 112
Date 10/25/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,399.74  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought Office held State Representative District 118
Date 10/25/2024	Payee name FCG MAIL, LLC	
Amount (\$) \$3,684.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought Office held State Representative District 37

# 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.

<b>1</b> Total pages Schedule F1: Sch: 12/28 Rpt: 18/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/25/2024	<b>5</b> Payee name FCG MAIL, LLC	
<b>6</b> Amount (\$) \$4,304.77  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 558 E CASTLE PINES PKWY SUTE B-4 BOX 333 CASTLE PINES, CO 80108	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/03/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$4,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/03/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$4,500.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 13/28 Rpt: 19/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/03/2024	<b>5</b> Payee name IN PURSUIT OF LLC	
<b>6</b> Amount (\$) \$12,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PLACEMENT
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/22/2024	Payee name IN PURSUIT OF LLC	
Amount (\$) \$5,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PLACEMENT
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/14/2024	Payee name KAP PRINT	
Amount (\$) \$3,275.08  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR  DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought State Representative District 52

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 14/28 Rpt: 20/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/18/2024	<b>5</b> Payee name KAP PRINT	
<b>6</b> Amount (\$) \$3,275.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 220 QUINN DR  DRIPPING SPRINGS, TX 78620	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought Office held State Representative District 52
Date 10/25/2024	Payee name KAP PRINT	
Amount (\$) \$3,275.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR  DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought Office held State Representative District 52
Date 10/12/2024	Payee name KAP PRINT	
Amount (\$) \$1,445.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 220 QUINN DR  DRIPPING SPRINGS, TX 78620	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought Office held State Representative District 112

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 15/28 Rpt: 21/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/01/2024	<b>5</b> Payee name TARGETED VICTORY LLC	
<b>6</b> Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought Office held State Representative District 118
Date 10/01/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought Office held State Senator District 27
Date 10/03/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought Office held State Representative District 37

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 16/28 Rpt: 22/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/03/2024	<b>5</b> Payee name TARGETED VICTORY LLC	
<b>6</b> Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/03/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,000.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/03/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37

# 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.

<b>1</b> Total pages Schedule F1: Sch: 17/28 Rpt: 23/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/07/2024	<b>5</b> Payee name TARGETED VICTORY LLC	
<b>6</b> Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/07/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/07/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$1,250.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 18/28 Rpt: 24/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/22/2024	<b>5</b> Payee name TARGETED VICTORY LLC	
<b>6</b> Amount (\$) \$2,250.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/22/2024	Payee name TARGETED VICTORY LLC	
Amount (\$) \$750.00  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  DIGITAL AD PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought State Representative District 52
Date 10/01/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,081.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118



# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 19/28 Rpt: 25/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/01/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$1,189.52  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37
Date 10/02/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$760.79  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,081.70  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 20/28 Rpt: 26/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/07/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$1,189.52  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held LOPEZ, JANIE State Representative District 37	
Date 10/07/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,936.11  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held HINOJOSA, ADAM State Senator District 27	
Date 10/10/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$760.68  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>Complete ONLY if direct expenditure to benefit C/OH</b> Candidate/Officeholder name Office sought Office held KINARD, STEVE State Representative District 70	

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 21/28 Rpt: 27/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/11/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$707.21  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/11/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,121.83  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118
Date 10/11/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,236.52  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37

# 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.

<b>1</b> Total pages Schedule F1: Sch: 22/28 Rpt: 28/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/11/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$2,013.29  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27
Date 10/14/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,544.06  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought State Representative District 52
Date 10/18/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,544.06  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought State Representative District 52

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 23/28 Rpt: 29/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/25/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$1,544.06  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DAVILA, CAROLINE HARRIS	Office sought State Representative District 52
Date 10/17/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$743.54  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/17/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$909.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 24/28 Rpt: 30/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/17/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$913.28  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63
Date 10/17/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,433.67  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/21/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$707.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112

# 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.

<b>1</b> Total pages Schedule F1: Sch: 25/28 Rpt: 31/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/21/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$1,076.33  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: LUJAN, JOHN Office sought: State Representative District 118 Office held:	
Date 10/21/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,186.26  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: LOPEZ, JANIE Office sought: State Representative District 37 Office held:	
Date 10/21/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,932.78  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: HINOJOSA, ADAM Office sought: State Senator District 27 Office held:	

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 26/28 Rpt: 32/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/22/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$743.54  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KINARD, STEVE	Office sought State Representative District 70
Date 10/22/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$909.59  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LAHOOD, MARC	Office sought State Representative District 121
Date 10/22/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$913.28  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUMGARNER, BEN	Office sought State Representative District 63



# 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.

<b>1</b> Total pages Schedule F1: Sch: 27/28 Rpt: 33/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
<b>4</b> Date 10/22/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE	
<b>6</b> Amount (\$) \$1,433.67  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/25/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$707.21  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BUTTON, ANGIE CHEN	Office sought State Representative District 112
Date 10/25/2024	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,076.33  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LUJAN, JOHN	Office sought State Representative District 118

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 28/28 Rpt: 34/34	<b>2</b> FILER NAME Americans for Prosperity; Americans for Prosperity dba The	<b>3</b> Filer ID (Ethics Commission Filers) 00087678
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<b>4</b> Date 10/25/2024	<b>5</b> Payee name UNITED STATES POSTAL SERVICE
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<b>6</b> Amount (\$) \$1,186.26  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name LOPEZ, JANIE	Office sought State Representative District 37	Office held
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Date 10/25/2024	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) \$1,932.78  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.  MAILER POSTAGE
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name HINOJOSA, ADAM	Office sought State Senator District 27	Office held
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