

**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) 00089074	<b>2 Total pages filed:</b> 6
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<b>3 FILER NAME</b>	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX American Jobs & Growth PAC	<b>OFFICE USE ONLY</b> Date Received ELECTRONICALLY FILED 01/15/2025
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<b>4 FILER ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1520 Belle View Blvd Suite 3438 Alexandria, VA 22307 <input type="checkbox"/> Change of Address	Date Hand-delivered or Date Postmarked Receipt # Amount
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<b>5 FILER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (804) 591-0050	Date Processed
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<b>6 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	Date Imaged
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<b>7 PERIOD COVERED</b>	Month Day Year THROUGH Month Day Year 10/27/2024 THROUGH 12/31/2024
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<b>8 ELECTION</b>	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
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<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 Nicole May State Board Of Education  B. Opposed
	<b>2. Measures</b> (Describe by date and location of election and nature of issue.)	A. Supported  B. Opposed
	<b>3. Officeholders</b> Assisted  (Identify by name or, if applicable, classify by party.)	

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# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE  
COVER SHEET PG 2

<b>10 FILER NAME</b> American Jobs & Growth PAC		<b>11 Filer ID</b> (Ethics Commission Filers) 00089074
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$ 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	\$ 21,567.37

**13 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Filer  
or  
Signature of individual with authority to sign on behalf of entity  
(only if Filer is an entity)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

# DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**  
ADDENDUM

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<b>10 FILER NAME</b> American Jobs & Growth PAC		<b>11 Filer ID</b> (Ethics Commission Filers) 00089074
<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 Lindsay Dawson State Board Of Education
		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 Melissa Semmler State Board Of Education
		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 Marianne Horton State Board Of Education
		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

FORM DCE  
COVER SHEET PG 3  
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<b>14 FILER NAME</b> American Jobs & Growth PAC		<b>15 Filer ID</b> (Ethics Commission Filers) 00089074
<b>16 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 21,567.37
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

# POLITICAL EXPENDITURES

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	<b>2</b> FILER NAME American Jobs & Growth PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00089074
<b>4</b> Date 11/05/2024	<b>5</b> Payee name The Stoneridge Group LLC	
<b>6</b> Amount (\$) \$5,391.84  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<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.  Direct mail supporting Nicole May Conroe Independent School District Board of Trustees P4
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name May, Nicole	Office sought Office held State Board Of Education Place
Date 11/05/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$5,391.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
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.  Direct Mail Conroe Independent School District Board of Trustees P5
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Dawson, Lindsay	Office sought Office held State Board Of Education Place
Date 11/05/2024	Payee name The Stoneridge Group LLC	
Amount (\$) \$5,391.84  <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
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.  Direct Mail Supporting Melissa Semmler for Conroe Independent School District Board of Trustees P6
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Semmler, Melissa	Office sought Office held State Board Of Education Place

# 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: 2/2 Rpt: 6/6	<b>2</b> FILER NAME American Jobs & Growth PAC	<b>3</b> Filer ID (Ethics Commission Filers) 00089074
<b>4</b> Date 11/05/2024	<b>5</b> Payee name The Stoneridge Group LLC	
<b>6</b> Amount (\$) \$5,391.85  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 960 N Point Parkway Suite 225 Alpharetta, GA 30005	
<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.  Direct mail Supporting Marianne Horton for Conroe Independent School District Board of Trustees P7
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Horton, Marianne	Office sought Office held State Board Of Education Place