

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00087678	2 Total pages filed: 7
3 FILER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY <hr/> Date Received ELECTRONICALLY FILED 01/15/2025 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount <hr/> Date Processed <hr/> Date Imaged	
	NICKNAME LAST SUFFIX Americans for Prosperity;		
4 FILER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1020 LEVEE ST STE 170 DALLAS, TX 75207		
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 989-6167		
6 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year Month Day Year 10/27/2024 THROUGH 12/31/2024		
8 ELECTION	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	
9 FILER ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported Angie Chen Button State Representative B. Opposed	
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported B. Opposed	
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>		
GO TO PAGE 2			

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 2

10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		11 Filer ID (Ethics Commission Filers) 00087678
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 16,032.07

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 7

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

SUBTOTALS - DCE

FORM DCE
COVER SHEET PG 3
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14 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative		15 Filer ID (Ethics Commission Filers) 00087678
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 16,032.07
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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

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