

# 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) 00089672	2 Total pages filed: 4	
3 FILER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY	
	NICKNAME LAST SUFFIX American Car Rental Association			
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 300 New Jersey Ave. NW, Suite 300 Washington, DC 20001		Date Received ELECTRONICALLY FILED 04/28/2025	
			Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
5 FILER PHONE	AREA CODE PHONE NUMBER EXTENSION (415) 389-6800		Date Imaged	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff			
7 PERIOD COVERED	Month Day Year 01/01/2025		Month Day Year 04/23/2025	
8 ELECTION	ELECTION DATE Month Day Year 05/03/2025		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
9 FILER ACTIVITY  (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)		A. Supported	
			B. Opposed	
	2. Measures (Describe by date and location of election and nature of issue.)		A. Supported	
			B. Opposed Ballot ID:Prop A Election Date:2025-05-03 Desc:City of Victoria, TX tax increase for infrastructure investments	
	3. Officeholders Assisted (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> American Car Rental Association		<b>11 Filer ID</b> (Ethics Commission Filers) 00089672
<b>12 EXPENDITURE TOTALS</b>	<b>1. TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	<b>\$</b> 0.00
	<b>2. TOTAL POLITICAL EXPENDITURES</b>	<b>\$</b> 21,026.00

**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

# SUBTOTALS - DCE

FORM DCE  
COVER SHEET PG 3  
3 of 4

14 FILER NAME American Car Rental Association		15 Filer ID (Ethics Commission Filers) 00089672	
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$	21,026.00
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: 1/1 Rpt: 4/4	<b>2</b> FILER NAME American Car Rental Association	<b>3</b> Filer ID (Ethics Commission Filers) 00089672
<b>4</b> Date 04/21/2025	<b>5</b> Payee name Echo Canyon Consulting, LLC	
<b>6</b> Amount (\$) \$5,600.00  <input type="checkbox"/> Expenditure from corporate funds	<b>7</b> Payee address; City; State; Zip Code 3700 Duke St.  Alexandria, VA 22304	
<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 design, placement, and website
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/23/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$15,426.00  <input type="checkbox"/> Expenditure from corporate funds	Payee name Echo Canyon Consulting, LLC	Office held
	Payee address; City; State; Zip Code 3700 Duke St.  Alexandria, VA 22304	
<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 design, printing, postage, and shipping
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate/Officeholder name		
Office sought		
Office held		