

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: 5 | | |
| 3 FILER NAME | MS / MRS / MR FIRST MI | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 07/14/2025 | | |
| | 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 Hand-delivered or Date Postmarked | | |
| 5 FILER PHONE | AREA CODE PHONE NUMBER EXTENSION (415) 389-6800 | | Receipt # | Amount | |
| 6 REPORT TYPE | <input type="checkbox"/> January 15 | | Date Processed | | |
| | <input checked="" type="checkbox"/> July 15 | | Date Imaged | | |
| | <input type="checkbox"/> 30th day before election | | | | |
| | <input type="checkbox"/> 8th day before election | | | | |
| | | <input type="checkbox"/> Runoff | | | |
| 7 PERIOD COVERED | Month Day Year 04/24/2025 | | THROUGH Month Day Year 06/30/2025 | | |
| 8 ELECTION | ELECTION DATE Month Day Year 05/03/2025 | | ELECTION TYPE | | |
| | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Uniform Election | | | | |
| 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: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

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|---|---|---|
| 10 FILER NAME American Car Rental Association | | 11 Filer ID (Ethics Commission Filers) 00089672 |
| 12 EXPENDITURE TOTALS | 1. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0.00 |
| | 2. TOTAL POLITICAL EXPENDITURES | \$ 56,462.08 |

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 5

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|--|--|--|--|
| 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 | | \$ 56,462.08 | |
| 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: 1/2 Rpt: 4/5 | 2 FILER NAME American Car Rental Association | 3 Filer ID (Ethics Commission Filers) 00089672 |
| 4 Date 04/26/2025 | 5 Payee name Echo Canyon Consulting, LLC | |
| 6 Amount (\$) \$11,086.00 <input type="checkbox"/> Expenditure from corporate funds | 7 Payee address; City; State; Zip Code 3700 Duke St. Alexandria, VA 22304 | |
| 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 design, printing, postage, and shipping |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/24/2025 | Candidate/Officeholder name Payee name Echo Canyon Consulting, LLC | |
| Amount (\$) \$13,196.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3700 Duke St. Alexandria, VA 22304 | |
| 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 design, printing, postage, and shipping |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/25/2025 | Candidate/Officeholder name Payee name Echo Canyon Consulting, LLC | |
| Amount (\$) \$2,894.04 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3700 Duke St. Alexandria, VA 22304 | |
| 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. Text messages |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |

POLITICAL EXPENDITURES

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Salaries/Wages/Contract Labor

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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 04/30/2025 | Candidate/Officeholder name Payee name Echo Canyon Consulting, LLC | |
| Amount (\$) \$13,196.00 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3700 Duke St. Alexandria, VA 22304 | |
| 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 design, printing, postage, and shipping |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Date 05/03/2025 | Candidate/Officeholder name Payee name Echo Canyon Consulting, LLC | |
| Amount (\$) \$2,894.04 <input type="checkbox"/> Expenditure from corporate funds | Payee address; City; State; Zip Code 3700 Duke St. Alexandria, VA 22304 | |
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