

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	\$ 166,567.60

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 29

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 Jackie Schlegel 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 Will Metcalf 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 Morgan Meyer 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)	

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

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10 FILER NAME Americans for Prosperity; Americans for Prosperity dba The LIBRE Initiative	11 Filer ID (Ethics Commission Filers) 00087678
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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 Terri Leo-Wilson 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 Angelia Orr 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	\$ 166,567.60
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: 1/24 Rpt: 6/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/23/2026	5 Payee name Americans for Prosperity	
6 Amount (\$) \$3,324.67 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/16/2026	Payee name Americans for Prosperity	
Amount (\$) \$4,080.28 <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) Salaries/Wages/Contract Labor	(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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 01/23/2026	Payee name Americans for Prosperity	
Amount (\$) \$1,662.34 <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) Salaries/Wages/Contract Labor	(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 ORR, ANGELIA	Office sought State Representative District 13

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: 2/24 Rpt: 7/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name Americans for Prosperity	
6 Amount (\$) \$2,266.82 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ORR, ANGELIA	Office sought State Representative District 13
Date 01/23/2026	Payee name Americans for Prosperity	
Amount (\$) \$1,511.22 <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) Salaries/Wages/Contract Labor	(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 SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/16/2026	Payee name Americans for Prosperity	
Amount (\$) \$1,964.58 <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) Salaries/Wages/Contract Labor	(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 SCHLEGEL, JACKIE	Office sought State Representative District 94

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: 3/24 Rpt: 8/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/23/2026	5 Payee name Americans for Prosperity	
6 Amount (\$) \$1,662.34 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 Wilson Blvd Ste 1000 Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89
Date 02/16/2026	Payee name Americans for Prosperity	
Amount (\$) \$2,115.71 <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) Salaries/Wages/Contract Labor	(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 NOBLE, CANDY	Office sought State Representative District 89
Date 01/23/2026	Payee name CANVASS AMERICA	
Amount (\$) \$7,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 LEO-WILSON, TERRI	Office sought State Representative District 23

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: 4/24 Rpt: 9/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEO-WILSON, TERRI	Office sought State Representative District 23
Date 01/23/2026	Payee name CANVASS AMERICA	
Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 METCALF, WILL	Office sought State Representative District 16
Date 01/23/2026	Payee name CANVASS AMERICA	
Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 NOBLE, CANDY	Office sought State Representative District 89

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: 5/24 Rpt: 10/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought Office held State Representative District 89
Date 01/23/2026	Payee name CANVASS AMERICA	
Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 ORR, ANGELIA	Office sought Office held State Representative District 13
Date 01/23/2026	Payee name CANVASS AMERICA	
Amount (\$) \$5,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 SCHLEGEL, JACKIE	Office sought Office held State Representative District 94

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: 6/24 Rpt: 11/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/23/2026	5 Payee name CANVASS AMERICA	
6 Amount (\$) \$4,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. CANVASSING
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought Office held State Representative District 108
Date 02/16/2026	Payee name CANVASS AMERICA	
Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 45 N HILL DR STE 100 WARRENTON, TX 20186	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(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 MEYER, MORGAN	Office sought Office held State Representative District 108
Date 01/23/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,837.30 <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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ORR, ANGELIA	Office sought Office held State Representative District 13

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: 7/24 Rpt: 12/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/23/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$2,261.50 <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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought Office held State Representative District 108
Date 01/23/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,162.30 <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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name METCALF, WILL	Office sought Office held State Representative District 16
Date 01/23/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,837.30 <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. DOORHANGER PRINTING AND PRODUCTION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought Office held State Representative District 89

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: 8/24 Rpt: 13/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 01/23/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,368.00 <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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. DOORHANGER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held LEO-WILSON, TERRI State Representative District 23	
Date 01/23/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,368.00 <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. DOORHANGER PRINTING AND PRODUCTION
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held SCHLEGEL, JACKIE State Representative District 94	
Date 02/04/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,820.89 <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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held NOBLE, CANDY State Representative District 89	

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: 9/24 Rpt: 14/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/04/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,006.28 <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) Advertising Expense	(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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/04/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,811.29 <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 METCALF, WILL	Office sought State Representative District 16
Date 02/04/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,469.56 <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 ORR, ANGELIA	Office sought State Representative District 13

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: 10/24 Rpt: 15/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/04/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,011.76 <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) Advertising Expense	(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 SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/06/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,469.56 <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 METCALF, WILL	Office sought State Representative District 16
Date 02/06/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,820.89 <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 NOBLE, CANDY	Office sought State Representative District 89

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: 11/24 Rpt: 16/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/06/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,011.76 <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) Advertising Expense	(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 SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/06/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,811.29 <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 ORR, ANGELIA	Office sought State Representative District 13
Date 02/06/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,006.28 <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 LEO-WILSON, TERRI	Office sought State Representative District 23

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: 12/24 Rpt: 17/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,006.28 <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) Advertising Expense	(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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/16/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,469.56 <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 ORR, ANGELIA	Office sought State Representative District 13
Date 02/16/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,011.76 <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 SCHLEGEL, JACKIE	Office sought State Representative District 94

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: 13/24 Rpt: 18/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$2,820.89 <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) Advertising Expense	(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 NOBLE, CANDY	Office sought State Representative District 89
Date 02/16/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$2,811.29 <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 METCALF, WILL	Office sought State Representative District 16
Date 02/20/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,894.56 <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 ORR, ANGELIA	Office sought State Representative District 13

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: 14/24 Rpt: 19/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/20/2026	5 Payee name FCG MAIL, LLC	
6 Amount (\$) \$3,111.28 <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) Advertising Expense	(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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/20/2026	Payee name FCG MAIL, LLC	
Amount (\$) \$3,115.76 <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 SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/02/2026	Payee name IN PURSUIT OF LLC	
Amount (\$) \$1,550.00 <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 NOBLE, CANDY	Office sought State Representative District 89

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: 15/24 Rpt: 20/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/02/2026	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$2,200.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ORR, ANGELIA	Office sought Office held State Representative District 13
Date 02/02/2026	Payee name IN PURSUIT OF LLC	
Amount (\$) \$2,700.00 <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 METCALF, WILL	Office sought Office held State Representative District 16
Date 02/02/2026	Payee name IN PURSUIT OF LLC	
Amount (\$) \$1,550.00 <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 SCHLEGEL, JACKIE	Office sought Office held State Representative District 94

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: 16/24 Rpt: 21/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/02/2026	5 Payee name IN PURSUIT OF LLC	
6 Amount (\$) \$1,550.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4201 WILSON BLVD STE 900 ARLINGTON, VA 22203	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
Date 02/02/2026	Payee name IN PURSUIT OF LLC	
Amount (\$) \$1,550.00 <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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/02/2026	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 NOBLE, CANDY	Office sought State Representative District 89

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: 17/24 Rpt: 22/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/02/2026	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/02/2026	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 METCALF, WILL	Office sought State Representative District 16
Date 02/02/2026	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 ORR, ANGELIA	Office sought State Representative District 13

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: 18/24 Rpt: 23/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/02/2026	5 Payee name TARGETED VICTORY LLC	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2311 WILSON BLVD STE 200 ARLINGTON, VA 22201	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MEYER, MORGAN	Office sought State Representative District 108
Date 02/02/2026	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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/04/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,233.83 <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 NOBLE, CANDY	Office sought State Representative District 89

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: 19/24 Rpt: 24/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/04/2026	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,408.74 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: LEO-WILSON, TERRI Office sought: State Representative District 23 Office held:	
Date 02/04/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,013.93 <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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: METCALF, WILL Office sought: State Representative District 16 Office held:	
Date 02/04/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,780.80 <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
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name: ORR, ANGELIA Office sought: State Representative District 13 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.

1 Total pages Schedule F1: Sch: 20/24 Rpt: 25/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/04/2026	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,390.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/06/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,780.80 <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 METCALF, WILL	Office sought State Representative District 16
Date 02/06/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,233.83 <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 NOBLE, CANDY	Office sought State Representative District 89

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: 21/24 Rpt: 26/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/06/2026	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,390.72 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SCHLEGEL, JACKIE	Office sought State Representative District 94
Date 02/06/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,013.93 <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 ORGG, ANGELIA	Office sought State Representative District 13
Date 02/06/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,408.74 <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 LEO-WILSON, TERRI	Office sought State Representative District 23

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: 22/24 Rpt: 27/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,780.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ORR, ANGELIA	Office sought State Representative District 13
Date 02/16/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,408.74 <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 LEO-WILSON, TERRI	Office sought State Representative District 23
Date 02/16/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,390.71 <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 SCHLEGEL, JACKIE	Office sought State Representative District 94

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: 23/24 Rpt: 28/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
4 Date 02/16/2026	5 Payee name UNITED STATES POSTAL SERVICE	
6 Amount (\$) \$1,233.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 470 L'ENFANT PLAZA SW STE 604 WASHINGTON, DC 20024	
8 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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89
Date 02/16/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,013.93 <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 METCALF, WILL	Office sought State Representative District 16
Date 02/20/2026	Payee name UNITED STATES POSTAL SERVICE	
Amount (\$) \$1,408.74 <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 LEO-WILSON, TERRI	Office sought State Representative District 23

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: 24/24 Rpt: 29/29	2 FILER NAME Americans for Prosperity; Americans for Prosperity dba The	3 Filer ID (Ethics Commission Filers) 00087678
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4 Date 02/20/2026	5 Payee name UNITED STATES POSTAL SERVICE
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6 Amount (\$) \$1,780.80 <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) Advertising Expense	(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 ORR, ANGELIA	Office sought State Representative District 13	Office held
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Date 02/20/2026	Payee name UNITED STATES POSTAL SERVICE
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Amount (\$) \$1,390.72 <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) Advertising Expense	(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 SCHLEGEL, JACKIE	Office sought State Representative District 94	Office held
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