

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00016799	2 Total pages filed: 19
3 COMMITTEE NAME National Rifle Association Political Victory Fund		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 02/26/2024	
		Date Hand-delivered or Date Postmarked	
		Receipt #	Amount
		Date Processed	
		Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11250 Waples Mill Rd. Fairfax, VA 22030		
	5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Zak NICKNAME LAST SUFFIX Funderburk		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11250 Waples Mill Road Fairfax, VA 22030		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (703) 267-1152		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year Month Day Year 01/01/2024 THROUGH 02/22/2024		
11 ELECTION	ELECTION DATE Month Day Year 03/05/2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Rifle Association Political Victory Fund	13 Filer ID (Ethics Commission Filers) 00016799
---	---

14 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 Allison 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.)	

15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,473.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,473.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 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.

Zak Funderburk

Signature of Campaign Treasurer

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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 3 of 19

12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 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 MANO DEAYALA 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported GARY VANDEAVER 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.)	
1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported ELLEN TROXCLAIR 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.)		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 4 of 19

12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 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 DADE PHELAN 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported JACEY JETTON 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.)	
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 JOHN KUEMPEL 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 5 of 19

12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 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 DEWAYNE BURNS 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.)	
	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported GLENN ROGERS 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.)	
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 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.)	
	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
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	LYNN STUCKY State Representative

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 6 of 19

12 COMMITTEE NAME National Rifle Association Political Victory Fund		13 Filer ID (Ethics Commission Filers) 00016799
14 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 KRONDA THIMESCH 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.)	
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 MATT SHAHEEN 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.)	
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 JEFF LEACH 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.)	

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM **GPAC**
ADDENDUM

Page 7 of 19

12 COMMITTEE NAME National Rifle Association Political Victory Fund	13 Filer ID (Ethics Commission Filers) 00016799
---	---

14 COMMITTEE 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 CANDY NOBLE 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>	

COMMITTEE 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 STEPHANIE KLINK 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>	

SUBTOTALS - GPAC

17 COMMITTEE NAME National Rifle Association Political Victory Fund		18 Filer ID (Ethics Commission Filers) 00016799
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,473.56
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	\$
8.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
9.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,473.56
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 9/19
2 FILER NAME National Rifle Association Political Victory Fund		3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Unitemized Lump Sum, Unitemized <hr/> 6 Contributor address; City; State; Zip Code Various, TX 78701	7 Amount of Contribution (\$) \$14,473.56
8 Principal occupation / Job title (See Instructions) n/a		9 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 1/10 Rpt: 10/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Payee name Prolist Direct Marketing Services	
6 Amount (\$) \$596.49 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement Postcards for STEVE ALLISON
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Allison, Steve	Office sought State Representative District 121
		Office held State Representative District
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$403.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for MANO DEAYALA
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DeAyala, Emilio "Mano"	Office sought State Representative District 133
		Office held State Representative District
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$907.84 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for Gary Vandever
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Vandever, Gary	Office sought State Representative District 1
		Office held State Representative District 1

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 2/10 Rpt: 11/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Payee name Prolist Direct Marketing Services	
6 Amount (\$) \$2,088.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for ELLEN TROXCLAIR
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name TROXCLAIR, ELLEN	Office sought State Representative District 19
		Office held State Representative District 19
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$714.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for DADE PHELAN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name DADE , PHELAN	Office sought State Representative District 58
		Office held State Representative District 58
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$382.73 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for JACEY JETTON
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name JETTON, JACEY	Office sought State Representative District 26
		Office held State Representative District 26

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 3/10 Rpt: 12/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Payee name Prolist Direct Marketing Services	
6 Amount (\$) \$597.55 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for JOHN KUEMPEL
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KUEMPEL, JOHN	Office sought State Representative District 44
		Office held State Representative District 44
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$1,471.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for DEWAYNE BURNS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name BURNS, DEWAYNE	Office sought State Representative District 58
		Office held State Representative District 58
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$2,126.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for GLENN ROGERS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ROGERS, GLENN	Office sought State Representative District 60
		Office held State Representative District 60

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 4/10 Rpt: 13/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Payee name Prolist Direct Marketing Services	
6 Amount (\$) \$1,213.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for LYNN STUCKY
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name STUCKY, LYNN	Office sought State Representative District 64
		Office held State Representative District 64
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$455.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for KRONDA THIMESCH
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name THIMESCH, KRONDA	Office sought State Representative District 65
		Office held State Representative District 65
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$339.43 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for MATT SHAHEEN
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name SHAHEEN, MATT	Office sought State Representative District 66
		Office held State Representative District 66

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 5/10 Rpt: 14/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/08/2024	5 Payee name Prolist Direct Marketing Services	
6 Amount (\$) \$619.10 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for JEFF LEACH
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name LEACH, JEFF	Office sought State Representative District 67
		Office held State Representative District 67
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$686.03 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for CANDY NOBLE
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name NOBLE, CANDY	Office sought State Representative District 89
		Office held State Representative District 89
Date 02/08/2024	Payee name Prolist Direct Marketing Services	
Amount (\$) \$849.96 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M Frederick, MD 21704	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Endorsement cards for STEPHANIE KLICK
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name KLICK, STEPHANIE	Office sought State Representative District 91
		Office held State Representative District 91

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 6/10 Rpt: 15/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/21/2024	5 Payee name i360, LLC	
6 Amount (\$) \$63.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Gary VanDeaver
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name VanDeaver, Gary	Office sought State Representative District 1
		Office held State Representative District 1
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$154.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Ellen Troxclair
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Troxclair, Ellen	Office sought State Representative District 19
		Office held State Representative District 19
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$49.14 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages Dade Phelan
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Phelan, Dade	Office sought State Representative District 21
		Office held State Representative District 21

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 7/10 Rpt: 16/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/21/2024	5 Payee name i360, LLC	
6 Amount (\$) \$28.50 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages supporting Jacey Jetton
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jetton, Jacey	Office sought State Representative District 26
		Office held State Representative District 26
Date 02/08/2024	Payee name i360, LLC	
Amount (\$) \$45.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages supporting John Kuempel
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Kuempel, John	Office sought State Representative District 44
		Office held State Representative District 44
Date 02/08/2024	Payee name i360, LLC	
Amount (\$) \$128.16 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages supporting DeWayne Burns
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Burns, DeWayne	Office sought State Representative District 58
		Office held State Representative District 58

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 8/10 Rpt: 17/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/21/2024	5 Payee name i360, LLC	
6 Amount (\$) \$192.12 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Glenn Rogers
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Glenn, Rogers	Office sought State Representative District 60
		Office held State Representative District 60
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$103.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Lynn Stucky
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Stucky, Lynn	Office sought State Representative District 64
		Office held State Representative District 64
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$37.68 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Kronda Thimesch
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Thimesch, Kronda	Office sought State Representative District 65
		Office held State Representative District 65

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 9/10 Rpt: 18/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
4 Date 02/21/2024	5 Payee name i360, LLC	
6 Amount (\$) \$27.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Matt Shaheen
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Shaheen, Matt	Office sought State Representative District 66
		Office held State Representative District 66
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$48.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages supporting Jeff Leach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Leach, Jeff	Office sought State Representative District 67
		Office held State Representative District 67
Date 02/21/2024	Payee name i360, LLC	
Amount (\$) \$52.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293	
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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages in support of Candy Noble
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Noble, Candy	Office sought State Representative District 89
		Office held State Representative District 89

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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: 10/10 Rpt: 19/19	2 FILER NAME National Rifle Association Political Victory Fund	3 Filer ID (Ethics Commission Filers) 00016799
--	--	--

4 Date 02/21/2024	5 Payee name i360, LLC
-----------------------------	----------------------------------

6 Amount (\$) \$58.62 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293
--	--

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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Peer to peer text messages in support of Stephanie Klick
---------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Klick, Stephanie	Office sought State Representative District 91	Office held Transferred District 91
---	---	---	--

Date 02/21/2024	Payee name i360, LLC
--------------------	-------------------------

Amount (\$) \$31.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 29374 Network Place Chicago, IL 60673-1293
---	---

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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense peer to peer text messages in support of Emilio "Mano" DeAyala
-------------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name DeAyala, Emilio "Mano"	Office sought State Representative District 133	Office held State Representative District
--	---	--	--

--	--	--	--