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

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

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2 COMMITTEE NAME	or o Barrio Drove -		13 Filer ID	(Ethics Commission Filers)
National Rifle Associ	ation Political Victory Fur	nd	00016799	9
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported Steve Allison State Represent	tative	
7.011111	applicable, classify by party.)			
(Attach lists on plain		B. Opposed		
paper to complete this report if necessary.)		Б. Суровой		
	2. Measures	A. Supported		
	(Describe by date and location of election and nature of issue.)			
		B. Opposed		
	3. Officeholders	<u> </u>		
	Assisted			
	(Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION		D POLITICAL CONTRIBUTIONS (OTHER THAN		
TOTALS	PLEDGES, LOANS,	, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	\$	0.00
	I	t qualifies for the higher itemization threshold		
		AL CONTRIBUTIONS	\$	14,473.56
	(OTHER THAN PLI	EDGES, LOANS, OR GUARANTEES OF LOANS)		14,473.30
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
1017120				
	4. TOTAL POLITICA	AL EXPENDITURES	\$	14,473.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST IG PERIOD	DAY s	0.00
	C TOTAL PRINCIPAL	MOUNT OF ALL OUTSTANDING LOANS AS OF	TUE	
OUTSTANDING LOAN TOTALS	•	AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT				
		I swear, or affirm, under penalty of pe		
		true and correct and includes all infor under Title 15, Election Code.	mation require	ed to be reported by me
		Zak Fu	ınderburk	
		Signature of Ca	ımpaign Treas	urer
A FEIV NOTA	DV 0744D / 0541 ABOVE			
AFFIX NOTA	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ped before me, by the said _	, t	his the	day
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of off	icer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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12 C	OMMITTEE NAME				13 Filer ID (Ethics Commission Filers)
Ν	lational Rifle Associatio	on Political Victory F	und		00016799
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		MANO DEAYALA State Repre	sentative
pa	Attach lists on plain aper to complete this eport if necessary.)		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.)			
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		GARY VANDEAVER State Re	presentative
pa	Attach lists on plain aper to complete this eport if necessary.)		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.)			
	OMMITTEE CTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		ELLEN TROXCLAIR State Re	presentative
pa	Attach lists on plain aper to complete this eport if necessary.)		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

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						1 ago 1 01 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Rifle Association Political Victory F			und		00016799	
	COMMITTEE	1. Candidates		DADE PHELAN State Represer	l ntativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
	COMMITTEE	applicable, classify by party.)		1AOEV JETTON COM D		
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if	A. Supported	JACEY JETTON State Represe	ntative	
		applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		JOHN KUEMPEL State Repres	sentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted				
		(Identify by name or, if applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

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						1 age e e, 10
12	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Rifle Association Political Victory F			und		00016799	·
				DEWAYALE BUIDAIG COLOR		
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		DEWAYNE BURNS State Repr	esentative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	COMMITTEE	Candidates		CLENN DOCEDO Chata Danier	o o nto tivo	
	ACTIVITY	(Identify by name or, if	A. Supported	GLENN ROGERS State Repre	sentative	
	(Attack lists on white	applicable, classify by party.)				
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		That is a second	B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported			
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures	A. Supported			
		(Describe by date and location of election and nature of issue.)				
			B. Opposed			
		Officeholders Assisted (Identify by name or, if		LYNN STUCKY State Represe	ntative	
		applicable, classify by party.)				

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

						Page 6 01 19
	COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
National Rifle Association Political Victory F			und		00016799	
	COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		KRONDA THIMESCH		
	(Attach lists on plain paper to complete this report if necessary.)		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	Candidates		MATT SHAHEEN State Bearing	ontativo	
	ACTIVITY	(Identify by name or, if applicable, classify by party.)		MATT SHAHEEN State Repres	entative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				
	COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)		JEFF LEACH State Representa	ative	
	(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
		2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
			B. Opposed			
		Officeholders Assisted (Identify by name or, if				
		applicable, classify by party.)				_

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

				Page 7 01 19
			13 Filer ID	(Ethics Commission Filers)
on Political Victory F	und		00016799	
Candidates (Identify by name or, if applicable, classify by party.)		CANDY NOBLE State Represe	ntative	
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	1	CTEDIANIE KLICK Ctata Dan	va a a pataticus	
(Identify by name or, if		STEPHANIE KLICK State Rep	resentative	
applicable, classify by party.)				
	B. Opposed			
2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
	B. Opposed			
Officeholders Assisted				
(Identify by name or, if applicable, classify by party.)				
	1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if	(Identify by name or, if applicable, classify by party.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) 1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) A. Supported B. Opposed 3. Officeholders Assisted A. Supported B. Opposed	1. Candidates (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) 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.) B. Opposed A. Supported STEPHANIE KLICK State Rep B. Opposed A. Supported STEPHANIE KLICK State Rep B. Opposed A. Supported STEPHANIE KLICK State Rep B. Opposed Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	I. Candidates (Identify by name or, if applicable, classify by parry.) B. Opposed A. Supported CANDY NOBLE State Representative CANDY NOBLE State Representative

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			8 of 19
17 COMMITTEE NA National Rifle A	AME Association Political Victory Fund	18 Filer ID 00016799	(Ethics Commission Filers)
19 SCHEDULE SUE NAME OF SCHE		SUBTOTAL AMOUNT	
1. X SCH	HEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,473.56
2. SCH	HEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCH	HEDULE B: PLEDGED CONTRIBUTIONS		\$
	HEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO GANIZATION	R	\$
	HEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA BOR ORGANIZATION	ATION OR	\$
6. SCH	HEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
	HEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR GANIZATION		\$
8. SCH	HEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9. SCH	HEDULE E: LOANS		\$
10. X SCH	HEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 14,473.56
11. SCF	HEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12. SCF	HEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCF	HEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14. SCH	HEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	HEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F FILER	RETURNED	\$

	MONETAI	RY POLITICAL CONTRIBUTIONS		SCHEDULE A1
	The Instruction	on Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 9/19
2	FILER NAME National Rifle As	ssociation Political Victory Fund	3	Filer ID (Ethics Commission Filers) 00016799
4	02/08/2024	Full name of contributor	7	Amount of Contribution (\$) \$14,473.56
_		Various, TX 78701	In admination of	
8	n/a	on / Job title (See Instructions) 9 Employer (See	Instructions)	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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	5 Payee name
02/08/2024	Prolist Direct Marketing Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$596.49	4510 Buckeystown Pike
,	Suite M
Expenditure from	
corporate funds	Frederick, MD 21704
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement Postcards for STEVE ALLISON
	Endorsement 1 ostodras for other Neeroott
O Complete ONLY if divert	Candidate/Officeholder name Office cought Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held State Representative District 121 State Representative District
<u> </u>	Allison, Steve State Representative District 121 State Representative District
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$403.72	4510 Buckeystown Pike
	Suite M
Expenditure from corporate funds	Frederick, MD 21704
<u>'</u>	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement cards for MANO DEAYALA
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$907.84	4510 Buckeystown Pike
Evnonditure from	Suite M
Expenditure from corporate funds	Frederick, MD 21704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Endorsement cards for Gary Vandever
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Vandever, Gary State Representative District 1 State Representative District 1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 2/10 Rpt: 11/19	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/08/2024	Prolist Direct Marketing Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$2,088.43	4510 Buckeystown Pike
	Suite M
Expenditure from corporate funds	Frederick, MD 21704
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement cards for ELLEN TROXCLAIR
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$714.73	4510 Buckeystown Pike
Expenditure from	Suite M
corporate funds	Frederick, MD 21704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	Endorsement cards for DADE PHELAN
Operation ONE Wife discont	On did to 10 ff as hald a grant Off as south
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held Office held State Representative District 58 State Representative District 58
<u>'</u>	DADE, FRELAN State Representative district 36 State Representative district 36
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$382.73	4510 Buckeystown Pike
	Suite M
Expenditure from corporate funds	Frederick, MD 21704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense Endorsement cards for JACEY JETTON
	Endoisement calds for SACET SETTON
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 3/10 Rpt: 12/19	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/08/2024	Prolist Direct Marketing Services
6 Amount (\$) \$597.55	7 Payee address; City; State; Zip Code 4510 Buckeystown Pike Suite M
Expenditure from corporate funds	Frederick, MD 21704
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Endorsement cards for JOHN KUEMPEL
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held State Representative District 44 State Representative District 44
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$) \$1,471.08	Payee address; City; State; Zip Code 4510 Buckeystown Pike
Expenditure from corporate funds	Suite M Frederick, MD 21704
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Endorsement cards for DEWAYNE BURNS
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held State Representative District 58 State Representative District 58
Date 02/08/2024	Payee name Prolist Direct Marketing Services
Amount (\$) \$2,126.29 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Endorsement cards for GLENN ROGERS
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held ROGERS, GLENN State Representative District 60 State Representative District 60

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Polling Expense Printing Expense

Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
Sch: 4/10 Rpt: 13/19	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/08/2024	Prolist Direct Marketing Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,213.18	4510 Buckeystown Pike
- Francistana franc	Suite M
Expenditure from corporate funds	Frederick, MD 21704
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Endorsement cards for LYNN STUCKY
	Endoisement dates for ETHIN STOCKT
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	<u> </u>
02/08/2024	Payee name Prolict Direct Marketing Services
	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$455.52	4510 Buckeystown Pike
Expenditure from	Suite M
corporate funds	Frederick, MD 21704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement cards for KRONDA THIMESCH
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H THIMESCH, KRONDA State Representative District 65 State Representative District 65
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$339.43	4510 Buckeystown Pike
	Suite M
Expenditure from corporate funds	Frederick, MD 21704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Endorsement cards for MATT SHAHEEN
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to beliefit C/O	State Representative District 66 State Representative District 66

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor 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	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/08/2024	Prolist Direct Marketing Services
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$619.10	4510 Buckeystown Pike
	Suite M
Expenditure from corporate funds	Frederick, MD 21704
<u> </u>	1
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Endorsement cards for JEFF LEACH
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Data	
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$686.03	4510 Buckeystown Pike
Formanditure from	Suite M
Expenditure from corporate funds	Frederick, MD 21704
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Check if Austin, TX, officeholder living expense
	Endorsement cards for CANDY NOBLE
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	NOBLE, CANDY State Representative District 89 State Representative District 89
Date	Payee name
02/08/2024	Prolist Direct Marketing Services
Amount (\$)	Payee address; City; State; Zip Code
\$849.96	4510 Buckeystown Pike
Ψ0-3.30	Suite M
Expenditure from	
corporate funds	Frederick, MD 21704
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense Endorsement cards for STEPHANIE KLICK
	Endoisement dates for STELLIAME REIGN
Complete CNII V if direct	Candidate/Officeholder name Office sought Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H KLICK, STEPHANIE State Representative District 91 State Representative District 91
, , . , . ,	T KLICK, STEPHANIE State Representative District 91 State Representative District 91

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explain	s how to complete this form.	contact data and a subsection of the contact and the contact a
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 15/19	National Rifle Association Political Vi	ctory Fund	00016799
4 Date	5 Payee name		
02/21/2024	i360, LLC		
6 Amount (\$)	7 Payee address; City; Stat	e; Zip Code	
\$63.64	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this s		
EXPENDITURE	Advertising Expense		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		-	text messages supporting Gary
		VanDeaver	tox moodages supporting early
9 Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI		State Representative Dist	
	variboavor, dary	- Clate Representative Biol	Tiot I State Representative Bistrict I
Date	Payee name		
02/21/2024	i360, LLC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$154.20	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF	Advertising Expense	·············	l outside of Texas. Complete Schedule T.
EXPENDITURE	· .		n, TX, officeholder living expense
		Peer to peer Troxclair	text messages supporting Ellen
		HUXCIAII	
Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Troxclair, Ellen	State Representative Dist	rict 19 State Representative District 19
Date	Payee name		
02/21/2024	i360, LLC		
Amount (\$)	Payee address; City; Stat	e; Zip Code	
\$49.14	29374 Network Place	•	
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
OF EXPENDITURE	Advertising Expense		l outside of Texas. Complete Schedule T.
EXPENDITORE		<u> </u>	n, TX, officeholder living expense
		peer to peer	text messages Dade Phelan
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
experiditure to benefit C/Oi	¹ Phelan, Dade	State Representative Dist	rict 21 State Representative District 21

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Sch: 7/10 Rpt: 16/19	National Rifle Association Political Victory	Fund 00016799	
4 Date	5 Payee name		
02/21/2024	i360, LLC		
6 Amount (\$)	7 Payee address; City; State; Z	ip Code	
\$28.50	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense peer to peer text messages supporting Jacey Jetton	
9 Complete ONLY if direct		e sought Office held	
expenditure to benefit C/OI	¹ Jetton, Jacey Stat	e Representative District 26 State Representative District 26	
Date	Payee name		
02/08/2024	i360, LLC		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$45.12	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Advertising Expense	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense peer to peer text messages supporting John Kuempel	
Complete ONLY if direct		e sought Office held	
expenditure to benefit C/O	H Kuempel, John Stat	e Representative District 44 State Representative District 44	
Date	Payee name		
02/08/2024	i360, LLC		
Amount (\$)	Payee address; City; State; Z	ip Code	
\$128.16	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule		
EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		peer to peer text messages supporting DeWayne Burns	
Complete ONLY if direct		e sought Office held	
expenditure to benefit C/OI	H Burns, DeWayne Stat	e Representative District 58 State Representative District 58	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 8/10 Rpt: 17/19	National Rifle Association Political Vict	ory Fund	00016799
4 Date	5 Payee name		
02/21/2024	i360, LLC		
6 Amount (\$)	7 Payee address; City; State	; Zip Code	
\$192.12	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Advertising Expense	I <u>—</u>	el outside of Texas. Complete Schedule T.
		, <u>–</u>	in, TX, officeholder living expense r text messages supporting Glenn
		Rogers	text messages supporting Clerm
Complete ONLY if direct	Candidate/Officeholder name	Office cought	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	1	Office sought State Benresentative Dist	trict 60 State Representative District 60
		State Representative Dist	the object that we district object to the state of the st
Date	Payee name		
02/21/2024	i360, LLC		
Amount (\$)	Payee address; City; State	; Zip Code	
\$103.86	29374 Network Place		
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE	(a) Category (See Categories listed at the top of this sch	(b) Description	
OF	Advertising Expense		el outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austi	in, TX, officeholder living expense
		Peer to peer	r text messages supporting Lynn Stucky
Complete ONLY if direct		Office sought	Office held
expenditure to benefit C/OI	¹ Stucky, Lynn	State Representative Dist	trict 64 State Representative District 64
Date	Payee name		
02/21/2024	i360, LLC		
Amount (\$)	Payee address; City; State	; Zip Code	
\$37.68	29374 Network Place	,p	
401.00			
Expenditure from corporate funds	Chicago, IL 60673-1293		
PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	
OF EXPENDITURE	Advertising Expense		el outside of Texas. Complete Schedule T.
EXPENDITORE			in, TX, officeholder living expense
		Peer to peer Thimesch	r text messages supporting Kronda
		Tillinescii	
Complete ONLY if direct	1	Office sought	Office held
expenditure to benefit C/O	¹ Thimesch, Kronda	State Representative Dist	trict 65 State Representative District 65

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	
Sch: 9/10 Rpt: 18/19	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/21/2024	i360, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$27.78	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Peer to peer text messages supporting Matt Shaheen
O Consolate ONE Wife disease	On distribute 10 th and a second seco
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held Shaheen, Matt State Representative District 66 State Representative District 66
Date	Payee name
02/21/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$48.30	29374 Network Place
Evpanditure from	
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense peer to peer text messages supporting Jeff Leach
	peer to peer text messages supporting sen Leach
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	H Leach, Jeff State Representative District 67 State Representative District 67
Date	Payee name
02/21/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$52.38	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
	Check if Austin, TX, officeholder living expense
	peer to peer text messages in support of Candy Noble
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 10/10 Rpt: 19/19	National Rifle Association Political Victory Fund 00016799
4 Date	5 Payee name
02/21/2024	i360, LLC
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$58.62	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense
EXI ENDITORE	Check if Austin, TX, officeholder living expense
	Peer to peer text messages in support of Stephanie Klick
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	H Klick, Stephanie State Representative District 91 Transferred District 91
Date	Payee name
02/21/2024	i360, LLC
Amount (\$)	Payee address; City; State; Zip Code
\$31.98	29374 Network Place
Expenditure from corporate funds	Chicago, IL 60673-1293
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	peer to peer text messages in support of Emilio "Mano" DeAyala
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	DeAyala, Emilio "Mano" State Representative District 133 State Representative District